HUMAN DEVELOPMENT
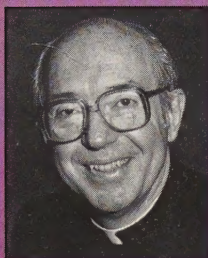
The Jesuit Educational Center for Human Development

Responsibility for Addiction

Self-Discovery Within an Illness

Gender Differences in Handling Conflict
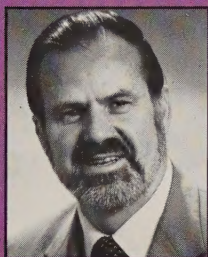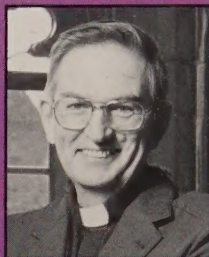
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HUMAN DEVELOPMENT

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INFORMATION FOR AUTHORS

The editors are pleased to consider for publication articles relating to the ongoing work of those involved in helping other people through religious leadership and formation, spiritual direction, and counseling.
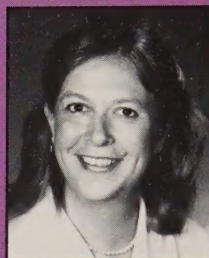
Manuscripts should be submitted in duplicate to the Executive Editor, Linda Amadeo, HUMAN DEVELOPMENT, The Institute of Living, 400 Washington St., Hartford, CT 06106. Copy should be typewritten double-spaced on 8½ × 11 inch white paper, 70 characters per line and 28 lines per page. Manuscripts are received with the understanding that they have not been previously published and are not currently under consideration elsewhere. Feature articles should be limited to 4,500 words (15 pages) with no more than 6 recommended readings; filler items of between 500 and 1,000 words will be considered. All accepted material is subject to editing.

Authors are responsible for the completeness and accuracy of proper names in both text and bibliography. Acknowledgments must be given when substantial material is quoted from other publications. Provide names of author(s), title of article, title of journal or book, volume number, page(s), month and year, and publisher's permission to use material.

Illustrations, if any, should be submitted as high-quality, glossy, unmounted black and white photographic prints. Do not send original artwork.

Letters are welcome and will be published as space permits and at the discretion of the editors. Such communications should not exceed 600 words and are subject to editing.

Book reviews, which should not exceed 600 words in length, should be sent to the Book Review Editor, Jon O'Brien, S.J., D.O., Jesuit Community, Georgetown University, Washington, D.C. 20057.

Unaccepted manuscripts will not be returned unless requested and submitted with a stamped, self-addressed return envelope.

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EDITOR'S PAGE

BETTER FORMATION FOR CELIBACY NEEDED

People all over the world have been shocked, confused, and angry lately over what they have been hearing about priests and religious brothers. In publications such as *People* magazine and the *Los Angeles Times* they have read that during the past seven years the church has had to pay as much as $400 million to cover the costs of the sexual offenses of as many as four hundred of these men, all of them pledged to a celibate way of life. The estimated dollar figure, representing legal and therapy charges along with in- and out-of-court financial settlements, may not be precise—what diocese or religious congregation is going to publicize such embarrassing information?—but it certainly raises questions about the screening process and formation programs that allowed each of these men to pass through ordination or vows-taking without being recognized as a threat to the children or adolescents destined to cross his path. And these four hundred cases hardly give a hint of the number of additional lives that have been damaged by other "celibates" whose inappropriate sexual activity has never been brought to public attention.

A strong response to the problem of clergy involvement in sexual abuse of the young was demonstrated by the Chicago archdiocese this past summer when Joseph Cardinal Bernardin, with obvious sadness and chagrin, discussed for TV watchers throughout the nation the final report of his Commission on Clerical Sexual Misconduct with Minors. Along with recommendations for archdiocesan policies and procedures in relation to allegations of child sexual abuse, the commission made what should prove to be helpful suggestions about initial (seminary) education and formation, as well as continuing education. One of the most striking suggestions was this: "We recommend that all three archdiocesan seminaries offer age-appropriate academic courses and components in their formation programs that deal in depth with psychosexual development, including both moral and deviant sexual behavior, with special emphasis on the implications for making moral choices in accord with Church teaching." The report also called for the creation of "an appropriate atmosphere in which seminarians can discuss openly issues of sexuality which concern them."

Relative to those recommendations, the editors of HUMAN DEVELOPMENT, in an ongoing effort to assist formation personnel in seminaries and religious congregations, have for years been inviting people involved in that important ministry to send us publishable reports of the methods they employ in conducting their successful formation programs. It is interesting that of all the manuscripts on formation that we have received and printed, none has focused on the topic of sexuality. As an editor, I regret that we have been ineffective in soliciting such articles, but I am not surprised at our failure. Sex and sexuality have long been treated by Catholics as matters of top secrecy. Perhaps that helps to explain why we are currently paying such a high price for the misconduct of clergy and religious who have not learned to keep their behavior in line with their professed commitment to celibacy.

When I think about celibates learning to curb their sexual behavior, I can't help but remember that thousands of American men and women are currently engaged in a comparable struggle to gain control over their anger and hostility. They have come to understand, through the findings of scientific research, that their frequently aroused emotions can cause serious enough damage to their

heart-circling (coronary) arteries to bring on heart attacks and even premature death. These people have chosen to enlist in behavior-modification programs designed to help them subdue their negative feelings and preserve their physical health, even amid life situations that are extremely frustrating, irritating, insulting, or unfair to them. They spend years breaking old habits and developing new ones, under the guidance of skillful counselors, while participating monthly in mutual-help groups of ten to fifteen members. Their aim is to discover practical ways of avoiding stressful situations, controlling their cognitive responses, restraining their physiologic arousal mechanism, and learning desirable alternative behaviors—all for the worthy purpose of protecting their physical well-being and living emotionally mature lives. These people are not afraid to openly discuss their failures along with their moments of success, with a desire to learn from each other's experiences. They are willing, too, to make the mental and physical sacrifices required to restrain their angry and hostile feelings and their inclination to act them out in their external behavior.

I think the comparison is obvious. What if we were able to adequately prepare all the men and women who work as seminary and religious formators so that they could talk comfortably, maturely, and helpfully about sex and sexuality with those entrusted to their care? Such education would facilitate frank and pragmatic discussions about sexually tempting situations, celibate ways of thinking and imagining, and tactics to strengthen one's will so that one can consistently choose and execute morally desirable behaviors. What if formators could be educated to skillfully conduct group sessions for their seminarians or fledgling religious on a regular basis over a period of several years, to enable them to help each other learn to recognize and understand their own sexual nature, inclinations, fantasies, feelings, and behaviors, and thus to gradually gain a mastery of their sexuality and develop a capacity for relating comfortably and chastely to men, women, and children in an emotionally mature way? Perhaps this sort of program already exists in some seminaries or houses of religious formation. But if it does, nobody is writing to tell HUMAN DEVELOPMENT and its readers about the program's structures, pitfalls, and effectiveness.
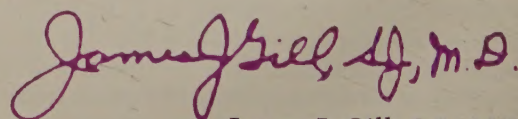
Neither have we heard about any single place where men and women entering the ministry of formation can go for a short time to learn or review the essential elements of biology, psychology, spirituality, psychopathology, and counseling related to sex and sexuality, so that their work of training others for a life of celibacy can be successfully accomplished.

Consequently, the staff of the Jesuit Educational Center for Human Development is happy to announce the establishment of The Christian Institute for the Study of Human Sexuality. For those who come to study sexuality at the institute for a week, several weeks, or even longer, at whatever time of year is convenient for them, we will offer the best of books, journals, films, and cassettes related to the topic, and a very competent professional staff to provide tutoring, seminars, and consultations.

The next issue of HUMAN DEVELOPMENT will present more detailed information about our new institute. The thought of inaugurating this program in order to assist those undertaking the tasks of spiritual formation and direction is extremely exciting for us. We expect to help meet a need long felt by those who, while continuing to communicate the church's traditional ideals about celibacy, want to improve their own scientific knowledge and counseling skills pertaining to sex and sexuality.

We are currently engaged in the process of seeking the funding that will make this institute all that the church needs it to be, and we ask you, our readers, for help in the form of prayers and suggestions.

It is time to do a better job of forming celibates "for the sake of the Kingdom." Too many minors have been molested, and too many millions of dollars have been paid out by treasurers who know better ways to use their diocese's or province's money. We see this project as a step toward the prevention of further sexual abuse of the young, and toward greater success on the church's part in presenting to the world better and more numerous examples of the power and beauty of Christ-like celibate life.

James J. Gill, S.J., M.D.
Editor-in-Chief

Understanding Ethnicity, Multiculturalism, and Inculturation

Gerald A. Arbuckle, S.M., Ph.D.

By the rivers of Babylon we sat and wept. . . . How could we sing a song of Yahweh on alien soil? (Ps. 137:1, 4)

Throughout history people have dreamed that ethnicity and nationalism would cease to exist. This fantasy reached new heights during the 1940s and 1950s, when it was widely thought that the process of modernization would inevitably lead to the decline of intercultural differences and bitterness.

Since the 1960s, however, the dramatic renaissance of ethnicity and increased demands for multiculturalism have destroyed this utopian dream. For example, in Los Angeles, where the population is now only half white, ninety languages are spoken by students in the public schools, and minorities continue to be blamed for all kinds of problems. In the California legislature immigrants are increasingly attacked (as they are in Germany and elsewhere) as welfare scroungers. The Los Angeles riots showed that different cultures, far from assimilated, are divided by chasms of mutual distrust. The fall of communism and the subsequent painful disintegration of Communist states (e.g., the Soviet Union, Yugoslavia) are reminders that ethnicity will persist as long as humankind exists and that the assimilationists' "melting pot" dream does not work.

It is little wonder that many nonspecialists are confused by these issues; social scientists use expressions like *ethnicity, ethnic groups, ethnic relations,* and *multiculturalism* in a bewildering variety of senses. This article aims to lead the reader through the minefield of terminology, offer some clarifications, and alert evangelizers to some pastoral implications. The failure to be clear about the meaning of terms can cause unnecessary pastoral alienation for ethnic groups within the church.

EXPLAINING ETHNICITY

Ethnicity is the existence of culturally distinctive, self-conscious groups (ethnic groups) within a society, each claiming a unique identity based on a shared tradition or common experiences and on social markers such as culture, language, religion, income, and physical characteristics (e.g., skin pigmentation). Historically, the tendency has been to assume that social markers were determined by the physical qualities of people; thus, the word *race* was applied to separate ethnic groups. In recent times, the term *ethnic group* has become preferable among many who seek to counteract the implied or overt racism of the word *race*.

Among the primary factors evoking the resurgence of ethnicity are discrimination, immigration, and the fundamental need people have to foster a sense of individual/group belonging and identity in the midst of a rapidly changing world.

CAUSES OF ETHNICITY

The intensity of ethnic identity, or ethnicity, is generally dependent on the attitudes of the dominant (host) group toward outsiders in its midst. If the outsiders approximate the culture of the host group, then their own ethnic identity may weaken, as is the case for Anglo-Saxon immigrants in the United States or Britain. Negative reactions to outsiders by the host society intensify the outsiders' ethnic internal bonding, as is the case among contemporary Mexican-Americans.

The ethnic identity of an oppressed group is called an involuntary, or ascribed, ethnicity; there is little or no escape from this negative labeling and oppression. In cases of ascribed ethnicity, the us/them dichotomy that is always present in ethnic relations is especially strong. The dominant group ("us"), often out of a sense of fear of losing its position of power, pejoratively stereotypes the oppressed group ("them") and institutionalizes that oppression so that in key areas of life (e.g., employment, education, social relationships), the oppressed are excluded from equality with the dominant group. To develop and legitimize this discrimination, the in-group frequently brands the out-group as racially or culturally inferior. This has happened to blacks in South Africa, Jews in Nazi Germany, and immigrants in contemporary Germany, Switzerland, and France (under Le Pen's National Front).

Under oppression aggrieved ethnic groups may demand equality of opportunity, even going so far as to seek radical forms of political self-determination (e.g., the breakup of Yugoslavia into the violently opposed nationalistic states of Bosnia, Serbia, and Croatia). In Canada, Quebec nationalists think that total political independence is the only option left to them; they believe that the present federal government system cannot adapt sufficiently in order to allow them equality of opportunity. Sometimes the confusing term *minority* is applied to an ethnic group, with the purpose of highlighting the subordinate or marginal nature of that group in relationship to the dominant political power.

Ultimately, at the heart of the revival of ethnicity is the fundamental need for all peoples, whether oppressed or not, to develop a sense of cultural identity and self-worth. One Maori civil rights leader in New Zealand, protesting against institutional racism, put it this way:

> For over a hundred years we indigenous people have been told our way of life is inferior to [that of] the white settlers from Europe. And we came to believe it. Look at what has happened. We do the manual work in this country because we are told we are capable of little else. Now we demand the world recognize that we have a culture born of the struggle to survive through the centuries. We are a unique people, and

this uniqueness gives us a sense of belonging. Without it we are nothing, not human. The more we tell our own story, the more we feel stronger inside to stand on our own feet and demand respect. The more self-esteem we have, the more we feel we can give something of our uniqueness to others. We demand, and are getting at last, a say in the power institutions of this country. For too long we have had to depend on the good will of the whites to give us justice. No more. Many Anglo-Saxons in this country don't like it. Hard luck on them!

Here we see illustrated two critically important anthropological axioms: (1) Only from a position of cultural strength can a people move out with dignity and self-confidence to share with other cultures. (2) Only if minority groups have access to the power structures of society (e.g., political and economic institutions) will the achievement of full ethnic self-confidence be possible.

Within the United States in the 1960s and 1970s these two axioms inspired protest movements among blacks. Under the pressure of black nationalism, white Americans were asked to reexamine history to allow a more balanced expression of the black experience. Negative stereotypes had to be cast aside, and blacks strove to elevate their sense of self-worth after two centuries of struggling to survive in a racist society—hence the cry "black is beautiful," the coining of the term *Afro-American* to indicate pride in cultural roots, the calls for black studies programs within universities and for affirmative action. Some blacks, convinced that the dominant political system could not be justly changed in their favor, preached separatism. Thus, Malcolm X of the Black Muslins could bitterly remark on the need for blacks to go it alone: "It is not necessary to change the white man's mind. We have to change our own mind."

Affirmative action (or, as it is sometimes called, positive discrimination) aims to reverse historical patterns that put minority groups at educational, employment, and political disadvantage. The British Commission for Racial Equality summarizes the purpose of affirmative action in this way: "Even if racial discrimination were stopped overnight, some groups would still not be able to compete for jobs because of the past effects of racism and disadvantage. By giving them preferential treatment in such matters as housing, education, and social services, it is expected that they may be given scope to foster their potential and aspire to occupational and political equality."

VOLUNTARY ETHNICITY

Shortly after Afro-Americans in the United States began to demand respect for their history and origins, there developed what can be variously termed voluntary, symbolic, defensive, or backlash ethnicity among whites. Protests of self-righteous

indignation still continue, especially as economic conditions worsen and the competition for employment intensifies. The following comments recorded in the United States aptly indicate this reaction: "Who are these blacks? We are not racist. Affirmative action is racist because we are excluded. Why can't they be like us? We have worked hard for what we have got, and now these people are demanding from the government our hard-earned income. If they are poor, it is *their* fault."

As a consequence of this defensive pluralism there are demands for university programs in such areas as Irish, Jewish, and Polish studies. Similar but less-strong backlash movements exist in countries whose governments have been fostering affirmative-action programs for minorities, including Australia, New Zealand, Britain, and Canada.

In Germany the nationalistic and often violent movements against foreign immigrants, especially those who belong to the poorer groups, are also examples of defensive ethnicity. The government is "being too kind with our resources" to these people, the protesters claim. Likewise, a Sydney taxi driver, talking to me about New Zealand immigrants in Australia, says, "These spongers are taking our jobs." Logical or rational arguments do little to counteract such expressions of defensive ethnicity. People feel the need to blame someone, especially the powerless, for what they perceive to be a breakdown in order.

Voluntary ethnicity means, therefore, that people like white middle-class Americans, in reaction to the growing identity demands of minority groups, may feel the need to redefine themselves more precisely by asserting their own ancestral self-worth and their right to maintain their power position in society. The ethnicity of whites of European ancestry does not restrict their choice of a spouse, suburb, or friends or affect their access to employment and political opportunities. But the socioeconomic and political consequences of being Asian, Hispanic, or black are real and frequently hurtful or obstructive. These people are not free to choose their ethnic identity; its crippling boundaries are defined for them on the basis of skin pigmentation.

The white ethnic reaction against governmental policies of positive discrimination has been particularly successful. The dominant white groups, with their newfound voluntary ethnicity, are unwilling to provide sufficient space and time for public reflection on the ongoing consequences of America's historical racism and on what the federal government's duties should be in dealing with those consequences. A blanket of invisibility was thrown over racial and ethnic inequalities in the presidential campaigns of 1988 and 1992. It was seen as politically unwise to speak directly about the ethnic rights of Afro-Americans; campaign rhetoric confined itself to harmless generalities,

> **Only from a position of cultural strength can a people move out with dignity and self-confidence to share with other cultures**

like the promise to respond to the needs of all the poor, homeless, and economically disadvantaged. The governments of Britain and Australia have adopted the same blanket of invisibility in relating to the minority groups in those countries.

THE MULTICULTURAL DEBATE

The words *multicultural* and *multiculturalism*, like the phrase *affirmative action*, invariably evoke strong emotional reactions. The concept of multiculturalism, like that of ethnicity, emerged at political, religious, and educational levels as a consequence of pressures from migrant and minority groups to have their cultural backgrounds respected. The assimilationist or oppressive policies of the "host" society would no longer be tolerated.

However, the meaning of multiculturalism is rarely clarified. There are at least three interpretations. A country with *demographic* multiculturalism has a number of ethnic groups with particular age structures and residence patterns. A country with *holistic* multiculturalism values cultural diversity but gives higher priority to nationwide cohesion. A nation with *political* multiculturalism recognizes the legitimate concerns of ethnic groups and the need for these interests to be expressed in adequate political structures and processes. The latter form of multiculturalism seeks to foster a balance between the demands of overall national cohesion and ethnic diversity. Whatever interpretation is chosen will determine the educational, political, and social opportunities available to ethnic groups.

The idea of political multiculturalism reflects the multicultural ideal: ethnic groups should be en-

couraged to live harmoniously together, should be free to maintain many of their distinctive religious, linguistic, and social customs, should have equal access to resources and political power, and should share with the rest of the country an effective concern for social cohesion. In this sense multiculturalism is the acceptance of diversity, equality, and interaction through sharing based not merely on tolerance but also on respect. Multicultural policies aim not to assimilate minorities into the dominant power group but to foster equal opportunity for all, accompanied by cultural diversity freely chosen in an atmosphere of mutual respect—not an easy task at any stage.

In order to implement multicultural policies, political and ecclesiastical leaders require immense sensitivity and courage. They must be prepared for considerable anger from entrenched power blocs. Commonly, governments turn to the schools to act as the change agents that promote multiculturalism within the wider society.

Multicultural education has been defined by Bhiku Parekh as "an education in freedom—freedom *from* inherited biases and narrow feelings and sentiments, as well as freedom *to* explore other cultures and perspectives and make one's choices in full awareness of available and practicable alternatives." Thus, the aim is to sensitize the child or adult to the inherent plurality of the world—the plurality of systems, beliefs, ways of life, cultures, modes of analyzing familiar experiences, ways of looking at historical events.

In order, however, for a child or adult to have the freedom to explore cultures with confident objectivity, he or she must feel at home with his or her own cultural roots. So study of one's own background and ethnic identity are assumed to be at the heart of multicultural education. This type of education consists of two simultaneous movements: the movement of people inward to discover their cultural roots and establish a sense of belonging, and the movement outward to become aware of the riches of other cultures. This second movement aims to counteract ethnocentrism—that is, the prejudiced assumption that one's way of life is unquestionably preferable to all others.

However, this approach to multicultural education is often vigorously criticized by groups who traditionally hold power within a country, because they perceive it as a challenge to the foundations of their own identity and political authority, and a method of creating balkanization. Ethnic studies for minority groups are considered unnecessary diversions from the far more important process of assimilation into the dominant ethnic vision of the nation.

From an opposite perspective, multicultural education is criticized in the United States, Britain, and elsewhere because it does not confront the *reasons* for the oppression and victimization of ethnic and racial groups. It fails, they argue with good reason, to deal with such issues as the traditional rigid class system, the rapidly increasing urban underclass, institutionalized racism, and politically oppressive structures that exclude the powerless and minority groups. Multicultural education that does not face up to these social realities but concentrates only on the study of cultural differences is seen as merely a palliative for ethnic anger. Even if schools confront such issues, some argue, their impact as agents of change will be hindered as long as governments refuse to make the necessary and politically unpopular structural changes in the wider society to allow equality of opportunity for minorities.

Finally, critics complain that multicultural education is often presented as necessary only for minority groups, whereas it is imperative for peoples of all cultures, even the dominant ones. Unless people are challenged to recognize constructively the existence of cultural diversities, their own critical and imaginative faculties will be stunted by ethnocentric prejudices.

CULTURE: ENTITY OR PROCESS?

Adding to the confusion over the meaning of multiculturalism is the fact that people can differ radically over the definition of culture itself. One's approach to multiculturalism depends on what definition of culture one chooses.

The utopian definition of culture, originated by Victorian anthropologists, views it as a visible, comprehensible entity, the conscious creation of rational minds for the purpose of improving the lives of people. Anthropologist E. B. Tyler, writing in 1865, defined culture as "that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society." The utopian definition implies that cultures can be graded aesthetically; for example, one culture may be considered to have more artistic dances than another.

This type of definition has unfortunate consequences when applied to multicultural education programs. Many such programs, including some in Britain, New Zealand, and Australia, lay particular emphasis on the realm of observable phenomena (e.g., language, foods, literature, dances). Schoolchildren are taught about external and historical features of particular cultures. It is believed that this type of knowledge will inevitably, in some undefined manner, foster an appreciative multicultural outlook. In fact, however, it tends to create a distorted view of the cultures in question.

This classicist approach has several grave weaknesses. It overstresses historical life-styles or customs of groups and downplays the contemporary struggles of ethnic groups to adapt to the world in

which they now live. It freezes a culture in a time period and encourages a culturally romantic or fossilized view of a people's way of living in the past. The reality of change is ignored. (In fact, visitors from overseas attending ethnic gatherings in the United States are commonly amazed, shocked, and amused to see the perpetuation of frozen ideas and images of their native cultures). As one commentator, Brian Bullivant, says of Australian multicultural education: "a great deal of multicultural education has tended to concentrate on the exotic or strange, through programs that deal with 'spaghetti-eating-and-basket-weaving' aspects of ethnic cultures," thus diverting attention away from critical issues of survival and growth in the past and the present. This simplistic form of education not only encourages people to develop culturally romantic visions of other ethnic groups but also discourages people from seeing injustices and inconsistencies within their own past and present way of living.

The second definition of culture, while not negating the visible and historical, emphasizes the realm of ideas, feelings, and the unconscious influence of the group on individuals through symbols and myths. Culture is primarily a process, not an entity, that is persuasively at work in the unconscious of the group and the individual. It is a pattern of shared assumptions, expressed in symbols, myths, and rituals, that has been invented, discovered, or developed by a group as it struggles to cope with problems of external adaptation and internal cohesion. The group considers these assumptions valid and consequently seeks to teach them to new members as the proper basis for perceiving, thinking, and feeling. This instrumental view of culture, while it assumes the importance of history and visible phenomena, particularly highlights the developmental, or ever-evolving, survival role of culture for people in the contemporary world of change, prejudice, and discrimination.

Because a culture is essentially a living construct of symbols and myths, the feeling of belonging to it (i.e., ethnicity) is basically invisible to outsiders. The experience of being culturally different or of confronting a history of prejudice and discrimination produces a set of memories and feelings that are not easily shared with outsiders. The outsider may gain some understanding from participation in the visible activities of the group (e.g., dances, food rituals), but the inner experiences and feelings of an ethnic group are still difficult or even impossible to fully comprehend.

Even within an ethnic group, members have different levels of commitment to, and understanding of, the group's symbols and myths. In New Zealand, for example, several different ways of acting as a Samoan immigrant have been identified, with quite different implications for such activities as language use or participation in ethnic events. No ethnic group is fully unified or in complete agreement about its own ethnicity. Generally, some events and networks hold an ethnic group together, but important distinctions within the group result in subcultures. Ethnic groups are as divided, or as unified, as any other social groups. Thus, when multicultural education commonly and glibly assumes a homogeneous national culture—innocent of class, gender, or subcultural differences—into which other equally generalized cultures (e.g., Caribbean, Asian, English) can be integrated, it is opting for the simplistic, superficial, or aesthetic definition of culture.

The real challenge in multicultural or cross-cultural education is to help people empathize with others' feelings about ethnicity (e.g., why people feel angry under unjust structures). Empathy should beget a genuine desire to struggle with and for people so that they have the chance to become agents of their own destinies. When that happens the education process is having some success. A knowledge of cultural life-styles is helpful but of very limited value if empathy fails to develop. An outsider can know far more about the history, cultural externals, or even language of an ethnic group than its members, but still be thoroughly alien to those people simply because of a lack of empathy. Empathy is not something that one automatically learns; rather, it is the fruit of ongoing conversion to the Lord and to the other. Through the gift of empathy one is able to touch the depths of a people's culture.

INCULTURATION AND MULTICULTURALISM

According to Pope Paul VI, inculturation is the dynamic and evaluative interaction between the gospel and cultures "in depth and right to their very roots." Culture is here understood as a process, as described earlier.

The social teaching of the church asserts that people, while respecting the common good, have a right to their culture or ethnicity—that is, to a sense of identity and belonging. Destroy a culture, and a people's sense of self-worth disintegrates. Ethnic groups must in justice be offered appropriate political and ecclesiastical structures through which to overcome their deprivation and to express freely their ethnic diversity. People have the gospel right to ways of praying that fit their deepest ethnic needs for identity and belonging. If they do not find their needs realized in the church, they will go elsewhere.

The ethnic or national parish system, characteristic particularly of the United States, was until recent times, despite its problems, an immensely successful system for touching migrant peoples at their point of pastoral need. From a position of community and cultural strength, people were able to move out into a world hostile to them as immi-

grants. Unknowingly, the organizers of these parishes opted for the instrumental definition of culture as a process.

Today, however, new immigrants within the United States and elsewhere are rarely offered the contemporary equivalent of the national parish system. The classicist definition of culture now influences pastoral planning. Today we have so-called multicultural parishes and liturgies; little bits and pieces of the cultures represented in parishes are introduced into Sunday liturgies, supposedly to give minority peoples a sense of belonging and to give all parishioners an appreciation of cultural diversity. Yet the real pastoral needs of people such as Hispanics in the United States or southern Europeans in Australia are neglected. As one Maori woman in New Zealand complained, "I gave up going to mass in that middle-class white church. Everything was so formal, frigid. I just felt out of place and so anxious that I would do the wrong thing that I could not pray. I want to pray in an atmosphere where I feel a sense of belonging. Surely, the Lord understands my need."

Thousands of people from ethnic groups throughout the world, feeling alienated in middle-class congregations, continue to leave the church for other religious communities, complaining that pastoral structures take little, if any, account of their ethnic needs.

REALIZING THE VISION

The vision of multiculturalism—unity in diversity—is persuasive, yet it is rarely achieved. A key reason for this is the failure to clarify the meaning of culture. Culture is not primarily the life-styles of people; it is also their yearning for equality, justice, and fairness.

Multiculturalism, therefore, is not only about developing an interest in the customs of different peoples; above all, it is about fostering life chances —that is, spaces in which people can grow humanly together in justice and charity, worshiping the Lord in ways that touch their lives in depth. Only then is inculturation truly taking place.

RECOMMENDED READING

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Father Gerald A. Arbuckle, S.M., Ph.D., has extensive experience in anthropological research on religious life. He is director of the Refounding and Pastoral Development Unit at the Catholic Theological Union in Sydney, Australia.

Gender Differences in Handling Conflict

Janet Malone, C.N.D., Ed.D.

Despite the changes effected by feminism and despite the consciousness-raising concept of social justice, with its focus on eliminating the many forms of oppression (e.g., sexism, racism, ableism, ageism), many Western women and men have been socialized to conform to sex-role stereotypes in relation to many issues, including how they view and handle conflict. Although I do not want to make generalizations about all women and men, I would suggest that the socialization and sex-role stereotyping of women and men may be linked to dualism, the ontological and epistemological foundation of Western philosophy.

I contextualize my remarks within my own experience of how I have been trained to view and handle conflict, as well as my experience as both a researcher and a practitioner in the areas of conflict management and anger management. Understandably, other researchers and practitioners may not agree with the constructs I present, because of their different experiences, assumptions, and/or research data. That is good. It is essential, however, to maintain an awareness of the complexity of these issues. Generalizations like "The research indicates no differences between women and men and how they view and handle conflict" must be contextualized and examined with great care. As part of the ongoing dialogue, we need to ask questions: Which research? What biases or assumptions of the researcher went into the research? Has

acknowledgment of such biases or assumptions been incorporated into the research design and methodology? What type of sampling was used: random or purposeful? Have generalizations been made about the general population from a limited sample, purposefully chosen?

It is hoped that this article will initiate the naming of heretofore unnamed, and thus unconscious, assumptions about how Western women and men view and handle conflict. Naming such assumptions is the first step toward personal empowerment and, when necessary, change.

DUALISM SIMPLIFIES REALITY

All of us are familiar with such dualities as right/wrong, in/out, normal/abnormal, superior/inferior, and dominant/subordinate. In fact, those of us trained in Western philosophy are familiar with dualism in our lives, even if we don't use the term. We may view male and female socialization, as well as their possible effects on how persons of each gender view and handle conflict, within the framework of dualism.

Dualism has its roots in the ancient Greek and Greco-Roman worldview and values. Their emphasis on permanence in a world in flux led to their attempts to control and objectify their world by creating such dichotomous categories as spirit and matter, sacred and profane. Persons were viewed in

terms of polaristic categories such as soul and body, male and female, rational and emotional. In pairs of such categories, one was considered good, the norm; the other was seen as evil, abnormal.

The intrinsic either/or mindset of dualism had a resurgence during the Enlightenment—the time of René Descartes. Its strong tenets of patriarchy and hierarchy are still prevalent in many cultures and societies. With the Archimedean point of *"Cogito, ergo sum"* and the resultant "Cartesian anxiety," traces of dualism are seen in various Western institutions: family, church, community, academia.

Throughout history, in male-dominated hierarchical societies, women have been considered second-class citizens, inferior to men. They have been dominated by men, in some cases paternalistically and in other cases oppressively. Patriarchy and hierarchy have thus strongly influenced the socialization and sex-role stereotyping of Western women and men, affecting their experience of conflict, anger, psychological maturation, faith maturation, and many other aspects of life.

SOCIALIZATION BRINGS STEREOTYPING

In noting the dualistic socialization of men and women, I am not denying or minimizing the biological and sexual differences between them. In fact, biology became destiny: such differences were used as the basis for many sex-role stereotypes.

Parents, who are themselves products of socialization, view girls and boys differently. Even before a child (especially the family's first) is born, parents may unconsciously refer to the child as "he"— especially if their culture or religion indicates a preference for male children or a belief in male superiority.

Parents also relate to and treat boys and girls differently. For example, there is the tendency to play roughly with little boys but to treat little girls more delicately. If a little girl is hurt, her parents may give her much soothing care and comfort and encourage her tears. In contrast, if a little boy is hurt, his parents may tend to tell him that "it doesn't really hurt"; he may be given minimum soothing care and comfort and discouraged from crying with such messages as "be a man" and "keep a stiff upper lip."

The games and toys of each sex are different. Girls tend to play sedentary games in which cooperation, docility, and relationships are of the essence. The dolls in their lives help prepare them for their socialized sex role as mothers. Rarely, even today, are boys given dolls to play with. In contrast to girls, boys play more physical games in which competition, aggression, and individualism are of the essence.

In the school setting and in other social contexts outside the family, the male and female socialization processes and sex-role stereotyping continue.

In the early years of schooling, girls are more likely than boys to be categorized as "achievers"; their female socialization has encouraged them to passively absorb and regurgitate information, and this style of learning tends to be encouraged and rewarded in young students. On the other hand, boys are taught to be independent, to do, to make, and to question; they usually fare better later in their education, in the university context, where their more aggressive ways of being and knowing in the world are more acceptable and better rewarded.

Similarly (and until fairly recently, in this culture), jobs and career paths have been rigidly sex-role stereotyped because of the notion that only persons of one sex or the other could do a particular job. For example, nursing was a female domain, whereas being a doctor was a male realm. Women were considered unsuitable for stressful jobs or positions that involved decision making because they were "too emotional." Although some positive changes have been made in this area, it is important to be aware that inequities still exist: for example, in today's work force, many women are still paid only sixty-five cents for every dollar that men earn for comparable work.

The following lists summarize characteristics attributed to men and women as an integral part of male and female socialization. Within this polaristic paradigm, which is well known and respected in Western philosophy, the male characteristics are considered the norm.

Men	Women
masculine	feminine
active	passive
rational	emotional
aggressive	defensive
independent	dependent
strong	weak
competitive	cooperative
domineering	docile
reforming	conforming
decisive	indecisive/uncertain
separate	connected
helper	helpless
combative	submissive
dominant	subordinate
superior	inferior
right	wrong
subject	object

CONFLICT VIEWED DUALISTICALLY

A unique and subtle part of the socialization of women and men concerns the handling of conflict. Interpersonal conflict can be defined as perceived differences (incompatible goals, needs, interests) between people that can result in negative emotions and behaviors. Although conflict itself is neither positive nor negative, many people view it as

negative. Its Latin root *confligere*, meaning "to strike together," conveys the energy and passion of conflict. Within a dualistic paradigm, conflict connotes such dualities as win/lose, positive/negative, and right/wrong. It is of paramount importance to recognize, however, that it is the unconstructive handling of conflict that makes it a negative, zero-sum game, and at times even a violent one.

Conflict is especially problematic when considered something to be avoided at all costs. Many people do not view conflict creatively and have not learned a repertoire of conflict-management strategies. In fact, most people have only one way of reacting to conflict, regardless of the circumstances—what could be called their preferred conflict-handling style. Whether appropriate or not, they use that style each time a conflict arises. This preferred conflict-handling style is usually learned at home, during the formative years, and tends to be different for males and females.

VARIETY OF STRATEGIES ESSENTIAL

Creative and constructive handling of conflict necessitates a repertoire of person- and context-contingent strategies based on a win/win notion of conflict management. Robert Blake and Jane S. Mouton's research on possible conflict-intervention styles identifies one such repertoire of strategies: avoidance, competition, accommodation, compromise, and collaboration.

One's choice of a particular style is determined by the degrees of assertiveness and cooperation deemed appropriate to the conflict at hand.

In a win/win notion of conflict management, the handling and resolution of differences are approached in a respectful and mutually agreeable fashion that takes into account the needs and interests of both parties. The following guidelines for both women and men represent the conflict-management strategies highlighted by Blake and Mouton.

Avoidance. Low in assertiveness and low in cooperation, avoidance is a useful conflict-handling strategy when the issue is not of great personal importance, when it is propitious to "buy time" on the issue (e.g., to cool down, to gain more information, or to prepare appropriately for the confrontation), when it is diplomatically expedient to sidestep the issue, or when it is necessary to protect oneself from a physically or psychologically threatening situation. Avoidance is not useful if it is one's only strategy, a knee-jerk reaction to every conflict. Neither is it constructive if used to deny that conflict exists or to shirk responsibility.

Competition. High in assertiveness and low in co-operation, competition is a useful conflict-handling strategy when it is necessary to stand up for one's rights and values, when a quick and decisive emergency decision is needed, or when an unpopular decision has to be made. The task is given precedence over the relationship, and power is used to win. Competition is not useful as one's sole strategy in conflict management, when it is manipulative (particularly in power-differential situations), or when it destroys people and relationships.

Accommodation. High in cooperation and low in assertiveness, accommodation is the opposite of competition in this paradigm. It is useful as a strategy when continued competition could exacerbate the conflict situation, when the issue is more important to the other person and his or her needs, when it allows for a better solution, or when peace is particularly important. Accommodation is not useful as one's only strategy. In always conceding, one becomes a doormat for all. Constant lack of attention to one's own needs can foster resentment, cynicism, and passive aggression.

Compromise. Equally high in assertiveness and cooperation, compromise could be described as a fifty-fifty splitting of differences, a middle ground between competition and accommodation. It is useful when two principals with equal power have mutually exclusive goals, or when their goals are not important enough to necessitate collaboration, or when a temporary solution is required. Compromise is not useful as one's only reaction to every conflict, when one's values are compromised, or when it is a way of shirking responsibility.

Collaboration. High in assertiveness and cooperation, collaboration is the opposite of avoidance. It is a colaboring in which task and relationship needs and the concerns of both principals are equally and mutually important. Collaboration is useful when the goal is to have everybody committed to the solution of a problem, when a lasting solution is desired, or when undealt-with relational baggage has been sabotaging a task. Collaboration is not useful when there is insufficient time to truly colabor, when the principals have mutually exclusive values and goals, or when it is a way of avoiding personal and corporate responsibility.

Next, using Blake and Mouton's range of conflict-management styles, I offer some observations about how women and men view and handle conflict through the lenses of dualism, socialization, and sex-role stereotyping. Rather than make absolute generalizations, I describe some general constructs for looking at particular ontologies and epistemologies—ways of being and knowing in a culture built on dualism, patriarchy, and hierarchy—and their possible effects on how conflict is viewed and handled. These constructs are hypotheses based on certain assumptions about the socialization and stereotyping of men and women, as

well as on my work with people of both genders in conflict management and anger management. It is important to contextualize these observations in terms of such factors as personality differences; family dynamics; ethnic, cultural, and national differences; and educational and religious training. The following are preliminary and ongoing observations that change as the dialogue between women and men deepens.

MEN AND CONFLICT

How have many men been socialized to view and handle conflict? With their training to be independent, competitive, and separate—to take care of Number One—men tend to see conflict as a contest or battle to be won. By and large, they view conflict negatively—as a win-or-lose game of power plays between dominants and subordinates, superiors and inferiors. Therefore, men tend to handle conflict through resolution (which connotes a win/lose situation) rather than through management (which connotes a win/win situation).

I submit that among men the preferred conflict-handling patterns (in descending order) tend to be competition, compromise, accommodation, collaboration, and avoidance. Competition, a strategy high in assertiveness and low in cooperation, is especially common when there is a power differential. Trained to win in sports through brute force and power, men may unconsciously view conflict as yet another game; the goal is to "knock 'em dead" with such power resources as position, ability to argue, threats, and economic sanctions. In many situations, men are trained to put more emphasis on the task, the product, or the results than on the process or the relationship.

The second most preferred conflict-management strategy of men is compromise, particularly if the principals have equal power and mutually exclusive goals. In sports, as well as in other contexts, men are trained to live with a "draw" if there is no chance to win the contest.

Accommodation is a strategy that some men find difficult to apply in conflict management. Because it involves giving in or yielding ground, men trained to be dominant, separate, active, and independent may avoid accommodation to avoid being seen as "soft" or a "pushover." Nevertheless, the same men may use it in rare instances—perhaps to build up "brownie points" as a hedge against future conflict.

Collaboration can comfortably be used by men who have been resocialized regarding mutuality, respect for differences, and the value of brainstorming for creative solutions to differences. As a preferred conflict-management pattern, however, collaboration in many ways runs counter to the traditional socialization and training of men.

Avoidance may be the least preferred conflict strategy for men, given their training. It may connote double failure because it means not even trying to win, in contrast to trying and losing. Hence, for many men, avoidance is used only when there is absolutely no chance of winning or when the stakes are too high to overtly handle the conflict.

For some men, conflict management requires that the principals be rational, showing no emotions ("Let's keep a cool head on this issue"); logical and linear ("Let's deal with the facts, in order"); frank, "calling a spade a spade" ("You know, John, you always screw things up"); competitive, using power *over* instead of power *with* ("As president/foreman/manager, I don't like your style, and if this happens again, you're gone"); and entrenched in their positions, closed to new information ("Don't confuse me with the details; my mind is made up").

WOMEN AND CONFLICT

Socialized to be dependent, cooperative, and connected, trained to be primary caregivers, women also tend to view conflict negatively—as a zero-sum game based on power plays between superiors and inferiors, dominants and subordinates. In our dualistic society, however, their socialization has cast them as the second sex—as inferiors, subordinates, and losers with no power brokerage, particularly (although not solely) in conflicts with men. Thus, they have learned to handle conflict more by management than by resolution—that is, more indirectly than directly.

I submit that the preferred conflict-handling patterns of many women, in order of preference, are avoidance, accommodation, collaboration, compromise, and competition.

Many women's most preferred conflict-handling pattern is avoidance, which is low in cooperation and low in assertiveness. As potential mothers, women are trained to be connected to others, at times to the point of symbiosis. The fostering and nurturing of relationships take precedence over the accomplishment of tasks. Many women find their identities solely through the role of primary caregiver, taking care of others, often to the detriment of their own needs. When differences arise, the desire to maintain peace at all costs leads many women to choose avoidance. Women (and men) who constantly use this response to conflict tend to express a great deal of passive aggression, which can subtly sabotage any constructive management of conflict.

When conflict cannot be avoided, women's second most preferred conflict-management style tends to be accommodation, which is high in cooperation and low in assertiveness. Often, assuming that a continuation of the conflict will rupture or even sever the relationship, a woman will satisfy the needs of the other principal and forgo the

satisfaction of her own. As with avoidance, constant accommodation can lead to resentment, cynicism, and passive aggression.

Compromise, equally high in assertiveness and cooperation, represents a lose/lose approach to conflict management for many women. In many conflict situations, women don't have a sense of equal power, and the fifty-fifty notion of compromise translates into the prospect of losing ground or self-esteem.

Collaboration—high in both cooperation and assertiveness—is being used increasingly as a conflict-handling strategy by women who are becoming more self-empowered and want to empower others. Feminism has raised consciousness regarding oppression and has encouraged women to use collaboration to arrive at creative solutions to conflicts. It must also be acknowledged that many working women, especially those on career paths where there is male competition, have coopted a number of the more "masculine" traits, especially when their goal has been to get to the top.

Finally, competition, high in assertiveness and low in cooperation, tends to be the least preferred conflict-handling strategy of women. It is a strategy in which power is used to win, and many women, because of their low power status in many situations, don't use it effectively. In addition, women's socialization and training to be nurturers and caregivers seem to be in direct opposition to this stance.

MEN AND WOMEN IN CONFLICT

Both men and women may experience additional problems in interpersonal conflicts with the opposite sex in their professional and personal lives. Men and women tend to be most comfortable in conflict situations in which both sides know and operate under the same rules (e.g., male or female training regarding how conflict is viewed and handled). Conflicts between men and women can be exacerbated because of gender differences in socialization. For example, a conflict in which one principal (the man) is competing and the other (the woman) is avoiding will certainly be difficult to manage, particularly if there is little or no awareness of the disparity of their approaches.

How most women and men think they view and handle conflict can be very different from actuality. In fact, most people's assessments of how they view and handle conflict are nebulous at best and contradictory at worst.

As I cautioned earlier, care should be taken not to generalize about a total population on the basis of research on conflict. Doing so minimizes differences in experiences and data related to this issue and discounts a plethora of variables, including researchers' personal assumptions. Reification of any constructs regarding how conflict is viewed and handled by women and men can stultify further dialogue and maturation in this area for people of both genders.

My personal goal as both a researcher and a practitioner has been to invite people to become more aware of how they and others view and handle conflict. Quite possibly, some individuals' experiences may not fit any of the constructs employed in this article. It is hoped, however, that the ideas presented will challenge readers to explore how they have been trained to deal with conflict.

The challenge for us as human beings is to move away from a dualistic view of conflict and how to approach it, and toward a view that accounts for the complementarity of opposites. We can both act ourselves into new ways of thinking about conflict and think ourselves into new ways of acting in conflict.

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Clergy and Religious Health Committees

Richard M. Bridburg, M.D.

No standardized structure exists today to help priests and religious women and men whose ministry is impaired by emotional illness or chemical dependency, and to protect parishioners from them. Since similar health impairments occur in all the helping professions, it might be useful to see whether the model used by physicians' organizations to deal with the problem could be adopted by the church, with some modifications.

The public has increasingly demanded protection from physicians who cannot practice "with reasonable skill and safety." Like the general population, physicians may be afflicted with any emotional illness or addiction. In fact, research reveals that they are at greater risk for some emotional illnesses, suicide, and addiction. Impairment due to aging is also a particular concern. While unethical sexual behavior with a patient (sometimes based on impairment, sometimes not) tends to make headlines and bring about lawsuits against individual physicians and/or against the hospitals at which they have staff privileges, it is relatively rare. In nine states, sexual acting out with a patient is now a criminal offense, and similar legislation is pending in several other states.

The essential philosophical underpinning of a workable system rests on the public's right to be genuinely protected from an impaired professional, and the practitioner's right to objective, fair, and nonpunitive assessment, with opportunity for treat-ment and rehabilitation when appropriate. Impairment may or may not be treatable, and the aberrant behavior resulting from it may or may not be resolved. A monitoring component is therefore necessary.

Institutions such as organized medicine are often accused of being unable to police themselves, yet the growth of physician health committees in the last two decades and the work they have been doing are quite remarkable. Physicians are expected to bring a colleague to the attention of a physician health committee if they have concerns about his or her professional conduct. That they are doing so increasingly suggests that the system is working. Also, more physicians who are concerned about themselves are voluntarily going to physician health committees and asking for help. It has taken several years to develop confidence among physicians that physician committees could work out reasonable agreements with state licensing boards to avoid arbitrary and bureaucratic punishment and to ensure fair treatment of individual physicians, based on the facts of their cases. That work is never completed; it needs constant attention. Communication and negotiation with state departments of health are ongoing. With each new state administration, agreements already worked out have to be readopted. Over time, as the system has come to be seen as protecting the public, this process has become easier.

HANDLING OF COMPLAINTS

Physician health committees receive complaints from a variety of sources, including other physicians, nurses, hospital administrators, spouses, chairs of medical departments, and the public. They gather data relevant to each complaint and meet with the physician in question. Because it is known that the state licensing board will be contacted if the physician does not agree to meet with the committee, compliance is virtually total.

Not all cases need to be reported to the state, and procedures may vary slightly from one state to another. Generally, the state allows the physician health committee to recommend consultation, followed by treatment when appropriate. Any treatment is monitored by the physician health committee, which provides regular reports on the case to the state. The physician under treatment permits his or her therapist to supply reports to the physician health committee on a regular basis and, in the case of addiction, agrees to undergo random urine testing. During treatment, a physician's medical license and/or narcotics license may be suspended, or his or her practice may be supervised. Failure to comply with the committee or with treatment, or continued impairment that is unresponsive to treatment, is reported to the state licensing board. Upon investigation, this board has the authority to use a series of sanctions and can ultimately withdraw a physician's license if it determines that he or she cannot practice with "reasonable skill and safety."

The current system may not be perfect, and there are still too many physicians whose impairment does not come to light until a relevant incident has been observed by several people (e.g., in an operating or emergency room). Nevertheless, even in cases of belated reporting, the system is structured to address the problem seriously. Administrators and others know what to do, whom to contact, and how to proceed in an orderly way.

SIMILAR COMMITTEES NEEDED

Certain parallels may be drawn between physicians and clergy and religious. Physicians are licensed by and responsible to the state. Clergy and religious are responsible to the church hierarchy or congregation authorities. These administrators therefore assume the same role with priests and religious women and men as the state licensing board does with physicians. They are the final authority and are thus able to employ a variety of sanctions. They can also set up and publicize standardized procedures for handling impaired priests, sisters, and brothers.

Within this framework, it is conceivable that designated health committees could be established for large parishes or clusters of smaller ones. Their authority and the expectations about reporting and monitoring would have to be delineated. The major difference would be that clergy and religious would need to consult with physicians for advice on health issues, including consultation and treatment, and would need to have physicians participate in monitoring and reporting. These physicians would need to be sensitive to the issues with which the church struggles. Experienced, well-grounded psychiatrists would be needed on these health committees. Priests and other religious with medical, psychological, nursing, and clinical social work degrees would also be valuable members of these committees. The health committees would need to be empowered by the church administration to work to be helpful to the individual who is suffering, if at all possible. The first objective would be to return the priest, sister, or brother to full and safe functioning after he or she has received appropriate monitored help. In some cases this will not be possible, and the church administration will have to make a final decision on disposition.

The key to making such a system work is to take time to educate clergy, religious, and parishioners about the system and create an atmosphere of trust that encourages reporting. The hope would be that parishioners would trust their church to try to protect them and their families from aberrant behavior, and that priests and religious who are suffering an illness would get help quickly and effectively.

A FINAL SUGGESTION

Sometimes accusations of impropriety are made against priests or religious without sufficient evidence to support further investigation or action; it comes down to one person's word against another's. Under such circumstances, an evaluation of a priest, brother, or sister is usually inconclusive. A second accusation may occur at a later date, after he or she has moved from one assignment to another. The first complaint is unknown to the new administration, so when an evaluation is requested it appears as though there has been only one complaint. It is therefore important that a centralized system of recording complaints be encouraged by the health committee.

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Responsibility
for
Chemical Addiction

Suzanne M. Mayr, M.A., and Joseph L. Price, Ph.D.

In December 1988 *Reader's Digest* published an article titled "The New Obscenity" by William Wilbanks, professor of criminal justice at Florida International University. According to Wilbanks, the new obscenity consists of a four-word phrase— "I can't help myself"—which he considers a basic fallacy regarding chemical addiction. "Isn't addiction by definition a state in which the individual can't help himself?" Wilbanks asks. He then answers his own question by affirming that addiction "is basically a moral problem. People *choose* to become addicts."

For chemical dependency professionals, Wilbanks's arguments are nothing new. His article is representative of the neoconservative and moralistic arguments posited by the proponents of the free-will model of chemical dependency. At the very least, Wilbanks's arguments indicate that neither the Alcoholics Anonymous (AA) model of alcoholism recovery nor the disease model seem to have made significant inroads into the legal profession. The age-old debate continues between the proponents of the free-will model and the advocates of the disease model. Either addicted persons have the power of choice and are therefore responsible for their behavior or they have lost the power of choice via an allergy or disease process. The resolution of this either/or debate will influence the legal destiny of millions of chemically addicted Americans.

At the root of the debate between the proponents of the free-will and disease models of chemical dependency are some basic philosophical questions about the nature of human beings, especially those who are chemically addicted. Each model incorporates specific philosophical assumptions that, when clarified, may lead to a better understanding of the process of chemical addiction and new perspectives for consideration.

ARE ABUSERS RESPONSIBLE?

Ever since the time of Socrates, Plato, and Aristotle, people in the West have tended to think that humans are moral beings who come equipped with the power of free will and the innate ability to make intelligent choices. Although humans are influenced by their heredity and environment, their acts and behavior are assumed to be caused only by themselves. Human beings are responsible for their own choices and their own actions. In keeping with Socratic, Platonic, and Aristotelian free-will models, chemically addicted people are no exception to the general rule. Even in the state of addiction, chemical addicts remain human beings and, as such, are moral agents with the power of choice. To the free-will proponents, chemical addicts who do not give up their habits lack willpower and are therefore immoral. As Wilbanks writes, "Addicts . . . are the ones who did not break

or moderate their habit—the losers in the battle of temptation."

It is with this point that proponents of the AA and disease models disagree. Of course, they contend, chemical addicts remain human beings, but for some reason the powers of choice and free will seem to go awry in the course of the addiction. As the book *Alcoholics Anonymous* states, "The fact is that most alcoholics, for reasons yet obscure, have lost the power of choice in drink. Our so-called willpower becomes practically nonexistent. We are equally positive that once [the alcoholic] takes any alcohol whatever into his system, something happens, both in the bodily and mental sense, which makes it virtually impossible for him [or her] to stop." Alcoholism is not just a problem of morality; it is also a question of naturalistic determinism.

As part of the natural universe, human beings are subject to the laws of nature. In the natural world, every event is understood to be caused by preceding events. Human beings, including those who are chemically addicted, are part of this causal chain. Human actions are therefore understood to have antecedent causes such as heredity, genetic make-up, learning, and environmental factors. These variables can be so determinative that human beings can lose the power of choice. Chemical addiction is therefore similar to an allergy or a disease, in that no one willfully chooses to become chemically addicted, any more than one chooses to contract AIDS or develop an allergy to strawberries. Like any disease, chemical addiction cannot be controlled with willpower.

SKINNER'S INFLUENCE

Even if we are no longer very aware of his impact, B. F. Skinner has had significant influence on our contemporary notions of naturalistic determinism and, in turn, on our disease model of chemical dependency. Skinner was a hard-core naturalistic determinist. Back in the 1960s and 1970s he convinced many American mental health and chemical dependency professionals to disregard the notions of Socrates, Plato, and Aristotle and to focus on deterministic thinking instead. In his books *Beyond Freedom and Dignity* (1971) and *About Behaviorism* (1974), Skinner argued that all human behavior is so completely controlled by genetic and environmental factors that the possibility that humans have free will is completely ruled out. Humans are so thoroughly conditioned by physical causes that they are only "instrumental causes" of their own behavior, much as the knife is the instrument of the butcher. As noted in the *Evangelical Dictionary of Theology* under "Freedom, Free Will, and Determinism," "man does not originate his own action, but is the instrument through which some other agent performs the action." Sim-

ilarly, hard-core proponents of the medical model argue that chemical addicts are so conditioned and determined by genetic and environmental causes that they completely lose freedom of will and the power of choice over alcohol or drugs. Soft-core proponents of the medical model are not quite so sure: they merely acknowledge that willpower and choice are diminished in the course of addiction.

Part of the chasm between determinism and free-will notions of chemical dependency is due to Skinner's conflation of Pavlov's discoveries in classical conditioning and stimulus/response patterns in animals with philosophical notions of free will and determinism in human beings. Pavlov had carefully differentiated between animals and humans by noting that humans have the capacity to reason and to act with intentionality, whereas animals do not. Nonetheless, somewhere between Watson and Skinner, Pavlov's conditioned-reflex studies got Americanized into a behaviorism that incorporated the assumption that animals (especially rats) and humans are basically the same: mindless and unreasoning organisms. Unlike Pavlov, Skinner confused the external, physical causes of nature with internal, intentional, motivational, and goal-oriented human reasons.

Skinner created quite a tangle for many in the chemical dependency field, for even though lip service is given to free will, there remains a tendency to assume that human behavior is determined by physical or psychical conditions. Thanks to Skinner, we still tend to think that conditioning and determinism are the same thing, even though they are not. Contrary to common assumption, conditioning does not exclude freedom.

CONDITIONED BEHAVIOR

When we talk about physical "causes," we are referring to the physical universe and the laws of nature, to which both animals and humans are subject. Pavlov presented his dogs with food, and in accordance with natural physiological mechanisms, the dogs salivated. The food was the natural cause of the salivation. When Pavlov rang a bell every time he presented the food, the dogs soon learned to salivate at the sound of the bell. The bell thus became the physical cause of the dogs' salivation. Pavlov's dogs had been so conditioned that the bell acquired all the necessary and sufficient ingredients to make it the physical cause of the salivation.

Substitution of humans for dogs in the same Pavlovian experiment might produce different outcomes because there are some differences between people and dogs. In accordance with the laws of nature, human beings, like dogs, salivate when tasty food is presented to them. The food is the cause of their salivation. If a bell is rung every time they are presented with food, humans can become

so conditioned that the bell becomes the "cause" of their salivation, just as it did for Pavlov's dogs. Unlike dogs, however, humans can become consciously aware of their own environmental conditioning, invoke their powers of reason, act with intentionality, interrupt their own conditioning, and confound the conditioning experiment. If, for example, humans suddenly decide they would prefer filet mignon to the dog food presented with the bell, or choose to visit a restaurant for a decent meal, they are exhibiting reason, intentionality, and goal-directed behavior. The thought of filet mignon or the visit to a restaurant are not causes of behavior; they are objects and goals of the subjects' human intentionality. The food and restaurant are reasons for behavior. If the human subjects keep opting for different foods or for lunch at different locations, chances are that the experiment with the bell will fail to produce in them the necessary and sufficient physical conditions for the bell to become a cause of salivation. If, however, the human subjects hang around long enough for sufficient conditioning, the bell will eventually cause them to salivate.

CAUSES VS. REASONS

The basic difference between causes and reasons is that causes are physical conditions that have necessary and sufficient elements to produce a particular effect, whereas reasons spring from human intelligence, free will, intentions, and motivations. According to Pavlov, dogs are stuck in the universe of physical causes and what he called the "first signaling system." There is a second signaling system specific to humans, wherein language enables us to objectify and to draw abstractions from physical reality, and thus to engage in higher thinking. Having noted that humans are not always directed or controlled by externally conditioned realities, philosophers such as Aristotle, Thomas Aquinas, and Ludwig Wittgenstein distinguished between causes and reasons for human behavior. It behooves us to make the same distinction as we continue to define chemical dependency.

Causes and reasons for chemical addiction are two different things, even if we keep getting them confused. When the advocates of the free-will model of addiction say that the cause of addiction is weak will and lack of motivation, they are really commenting on reasons that justify or fail to justify human actions. When the advocates of the disease model of addiction say the causes of addiction are heredity, genetics, learning, or allergy, they are trying to elucidate the physical conditions that explain observable behavior. Although the two philosophical models seem to be diametrically opposed and mutually exclusive, they can be construed to represent two different aspects of the same human behavior. Chemical addiction is both

mediated by free will and goal orientation and conditioned by external environmental factors.

A SYNTHESIZED MODEL

If we were to concede to the free-will advocates that all human beings, even chemically addicted people, have a permanent, inherent capacity for deliberate choice, and if we were also to concede to the advocates of the AA and disease models that the use of that capacity disappears at some point in the developmental process of addiction, we would create a synthesis of the two models that is more adequate than either of them individually. Such a model entails a reciprocal relationship between the human capacity for deliberate choice, the use of that capacity, and the causal, genetic, and environmental factors that contribute to the ongoing development of alcoholism and drug addiction. Stated very simply, the alcoholic or drug addict retains the capacity for free will and choice, but in the course of addiction, the use of the capacity is impaired to a greater or lesser extent, depending on genetic and environmental factors that accumulate to finally provide the necessary and sufficient physical conditions to cause alcoholism and drug addiction or relapse.

This model is based on the assumption that like all human beings, chemical addicts are guided by goals and reasons and by positive and negative physical and psychological causes. Like other people, chemical addicts play out their lives on a continuum between freedom and determinism. They are continually moving somewhere between the two extremes of that continuum and between the greater and lesser use of their inherent capacity for deliberate choice. While it must be conceded that there is no such thing as absolute freedom separate from its embodiment in the physical world, neither is there absolute determinism short of irreversible brain damage or death, both of which render human beings pure objects of the physical world.

To a greater extent than granted by traditional disease models of chemical dependency, this model incorporates the notion of goal and goal-directedness. It emphasizes the role of human intentionality in the development of and recovery from chemical dependency and focuses on that which is essentially human—the inherent capacity for deliberate choice and the greater or lesser use of that capacity. In all stages of chemical addiction, except in the final stages, in which the chemical addict is totally determined by causes (i.e., irreversible brain damage), chemical addicts are oriented toward human reasons for behavior.

In the early stage of chemical addiction, when the use of the capacity for deliberate choice is relatively unimpeded, people have diverse reasons for turning to or continuing chemical use: for the

high; to feel good; for fun; for relaxation; for temporary release; to ease tension; as a means of sleeping; because of peer pressure; to forget; to ease unhappiness, loneliness, or fear; to nurture resentment. Yet simultaneously, in the flow of time and the unfolding of personal history and choice, a variety of negative genetic, environmental, and externally "conditioned" realities accumulate, and these in turn condition the further chemical use that deepens addiction. Like the hypothetical participants in the previously described conditioning experiment, people who knowingly or unknowingly subject themselves to conducive environments long enough for sufficient conditioning can establish the necessary and sufficient conditions for the causation of chemical addiction. *Alcoholics Anonymous* refers to such conditioning, wherein the life of addiction gradually comes to "seem the only normal one." If human beings, as potential chemical addicts, become consciously aware of their own environmental conditioning soon enough, however, they can invoke their powers of reason, act with deliberation, interrupt the process, and avert the outcome. As *Alcoholics Anonymous* explains, "Though there is no way of proving it, we believe that early in our drinking careers most of us could have stopped drinking. But the difficulty is that few alcoholics have enough desire to stop while there is yet time."

ADDICTION PROCESS INSIDIOUS

Most often, the process of addiction takes place outside of the subject's explicit awareness. Sometimes gradually, sometimes quickly, chemical addicts lose the use of the capacity for free choice. At the middle stage of addiction, where the use of the capacity for choice has been superseded by the accumulation of negative environmental and psychological causal factors, chemical addicts still continue to be oriented toward free choice. They continue to have "reasons" for their addictive behaviors, which may include rationalizations and forms of denial. As *Alcoholics Anonymous* states, it is well known that chemical addicts continue to offer "any one of a hundred alibis" for continued chemical use long after they have lost the capacity for choice in the matter.

FREE WILL VS. DETERMINISM

At this middle stage, which marks true addiction, chemical addicts struggle with the dilemma between freedom and determinism. They know that they are human beings, bodily and mentally the same as their fellows, and therefore should be equipped with the power of free will and the innate ability to make choices. Yet now they experience the contrary and are unable to control chemical use with what *Alcoholics Anonymous* calls their "prac-

tically nonexistent" willpower. With any of a thousand reasons for refraining from chemical use—whether to salvage a marriage, regain a family, get back a job, or restore self respect—they vainly attempt to exercise their nonoperational power of choice. *Alcoholics Anonymous* catalogues some of the tried but unsuccessful methods: "drinking beer only, limiting the number of drinks, never drinking alone, never drinking in the morning, drinking only at home, never having it in the house, never drinking during business hours." The exercise of willpower becomes an ever-increasing obsession; failure seems to denote a lack of humanity. There is no possible resolution of this either/or predicament—only increasingly desperate attempts to assert more and more nonoperational will power in futile bids to regain control of chemical use and of all other life events as well. Often, neither chemical addicts nor the people who try to help them realize that the capacity for free choice remains intact, but the use of the capacity has diminished in the course of addiction.

DETERMINATION BY CAUSES

In the late stage of addiction, chemical addicts are almost completely under the sway of genetic, environmental, and externally conditioned factors. They are now primarily determined by causes. Having been conditioned by years of heavy drinking or chemical use, addicts are subject to such physiological realities as substance tolerance and withdrawal, organic brain syndromes, alcohol-withdrawal delirium, alcohol amnesic disorder, alcohol hallucinosis, hallucinogen delusional disorder, dementias, and personality disturbances. Certainly without freedom of choice, chemical addicts

are subject to traffic accidents and physical injury, deterioration in their general level of physical health, malnutrition, and a variety of physical disorders, including hepatitis, cirrhosis, peripheral neuropathy, gastritis, tetanus, vasculitis, septicemia, subacute bacterial endocarditis, embolic phenomena, malaria, toxic and allergic reactions, and erosion of the nasal septum. When addicts are totally determined by causes, as is the case for those with irreversible brain damage, the use of the capacity for choice is totally nonexistent; that capacity exists only in abstracto.

It is important to note that when the free-will and disease models of chemical dependency are synthesized into the proposed new model, it is possible to formulate a new hypothesis: In the course of developing addiction, the use of the capacity for deliberate choice is diminished in proportion to the increase of negative causal environmental conditions. The relationship is inversely proportional: The more the freedom, the less the dependency on external negative causes; the more the dependency on external negative causes, the less the freedom.

PROCESS OF RECOVERY

The recovery from chemical addiction rests upon the synthesis of traditional free-will and disease models, each of which addresses different aspects (i.e., the reasons for and causes of) and stages of addiction. One is not complete without the other. Once again, the relationship is inversely proportional: the less the dependency on negative causal environmental conditions, the more the freedom and the more the use of the capacity for deliberate choice.

Recovery from chemical dependency first requires the removal or partial removal of negative physical and environmental causal factors and the substitution of positive factors supportive of sobriety. As *Alcoholics Anonymous* explains it, "We favor hospitalization for the alcoholic who is jittery or befogged. More often than not, it is imperative that a [person's] brain be cleared before he [or she] is approached, as he [or she] has then a better chance of understanding and accepting what we have to offer." Whether through hospitalization, inpatient or outpatient detoxification, attendance at AA or Narcotics Anonymous (NA) meetings, or a combination of these and other measures, the removal of causes increases the probability that chemical addicts can regain use of their capacity for deliberate choice.

Probability, however, is not certainty. All too often, for example, chemical addicts who successfully complete thirty-day inpatient treatment and education programs but who do not follow through with measures supportive of recovery return to chemical use almost immediately after release from treatment. Although the treatment programs have temporarily removed some of the necessary and sufficient causes of addiction and have thereby partially restored the use of the capacity for choice, chemical addicts' return to their "natural," unchanged environments often reintroduces all the necessary and sufficient causes for relapse.

Although AA and NA have often been criticized for making the paradoxical assertion that alcoholism and chemical addiction are diseases while simultaneously fixing "the blame for contracting the disease squarely on the victim" (James R. Milam and Katherine Ketcham, *Under the Influence*), who is therefore morally responsible for the disease, AA and NA are also describing the complex interrelationship between human freedom and determinism. Chemical addiction is a continuum of internal, intentional, motivational, and goal-oriented human reasons that gradually give way to the impact and influence of external physical and determining causes. Yet even in the state of addiction, chemical addicts do not lose the human capacity for reasoning and choice; they lose the *use* of that capacity. Since they themselves cannot restore the use of their reason and freedom, they require outside intervention in the removal of causal obstacles. Once the use of freedom has been restored by outside agencies, chemical addicts are once again understood to be self-determining moral agents, who through their own choices and their own reasons have the freedom to create a life of sobriety anew.

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Boundaries in Ministerial Relationships

Paul B. Macke, S.J., D.Min.

In recent years there has been a flood of publicity about clergy being charged with sexual misconduct. Not only do these charges have grave legal implications; they can also affect the morale of a whole parish and of clergy in general, as well as the trust of congregations toward those in professional ministry. Responses to the increased number of reported cases of sexual misconduct range from a naive "it won't happen here" attitude at one extreme to paranoia at the other. The latter reaction often leads to the avoidance of intimate ministerial relationships for fear of either actual sexual misconduct or false charges of sexual misconduct.

Most groups of professionals have their own certifying organizations, which generally expect their members to observe a specific written code of ethical professional conduct. The conduct of psychiatrists in the United States, for example, is regulated by the American Psychiatric Association, as well as by various state laws. Pastoral counseling specialists are certified and regulated by the bylaws of the American Association of Pastoral Counselors. Religious ministers, on the other hand, have generally received no specific written guidelines from their endorsing religious bodies. In today's litigious climate, however, more and more denominations are providing ministers with such guidelines.

Religious ministry takes many forms, from sacramental ministry to pastoral visits. While it would definitely seem suspicious if the judge presiding over your current legal case came to your home for dinner, would it seem equally suspicious if your pastor visited your home to socialize? Can or should a cleric touch someone (e.g., hold his or her hand) while that person lies sick in a hospital bed? What about all the hugs people give in ministerial contexts?

These questions seem impossible to answer without a larger context. Rather than immediately focus on suspicious behavior that might or might not lead to sexual misconduct, why not begin to educate ourselves about boundaries in general, and then begin a dialogue about how professional boundaries might apply in our relationships in ministry?

TYPES OF BOUNDARIES

Boundaries are limits that delineate time, place, our person (i.e., where we leave off and the rest of the universe begins), and units such as family and community, ethnic groups and nations, and various religious denominations. Boundaries also define and limit various professions. There are differences, for example, between a licensed clinical psychologist, a Roman Catholic priest who is pastor of a parish, a therapist with no professional affiliation or license, and a member of the clergy with no formal training who received his or her credentials in the mail for a fee.

Boundaries have texture. They can be placed on a continuum that ranges from rigid to structured to flexible to fluid to chaotic. We know that dysfunctional families can have boundaries that are either too rigid (change and movement in and out of the family are almost impossible), or chaotic (there is no way of knowing whether you are a member of the family or not, no rules and/or structure). When it comes to professional boundaries for those in

ministry, boundaries that are too rigid or too fluid can prove equally problematic.

BOUNDARIES IN MINISTRY

Time is an important boundary that we often take for granted. Before the widespread use of electricity, there was a fairly clear distinction between day and night. People ate and worked during the day, and they slept, made love, and relaxed at night. Even today, some indigenous peoples, such as the Inuit of Alaska and Canada, have clear seasonal rhythms. In the summer, when the days are long, they fish, hunt, and keep active. In the long nights of the winter, they tell stories, sleep, and mend their nets. Lamentably, we professionals in ministry are not as aware of natural rhythms for prayer and work, for relaxation, and for helping others. We often exhaust ourselves by working late into the night under bright fluorescent lights. We fail to set time limits for pastoral counseling sessions and meetings. We neglect to take a day off periodically. Better awareness of our natural time rhythms would help us maintain our emotional and physical health.

Place is also an important boundary. An individual can be in only one location at a time. In religious ministry, workplace boundaries can easily be blurred; meetings often take place in living rooms, and private conferences are sometimes held in bedrooms.

There are also boundaries of person. How physically close we stand to another human being is usually dictated by culture. In North American culture we typically maintain a distance of about two or three feet from others. When someone moves closer (perhaps because his or her culture has different boundaries), we may feel uncomfortable because our personal space has been violated.

It is a myth that marriages always break up due to excessive emotional distance between spouses. Many marriages and families are dysfunctional because of enmeshed relationships in which individuals inappropriately invade each other's personal space. You will know that you're beginning to violate people's personal space when you realize that you've started finishing their sentences and thinking you know their thoughts and feelings.

Personal boundaries are important in religious ministry. Ordinarily, after a plumber fixes your stopped-up sewer, you don't give him a hug. But what about hugging your parishioners after a wonderful pastoral visit? The boundaries are fuzzier in such situations, and that can cause ministers trouble. It's important for us to consider the ramifications of having the people we serve in ministry be our close friends as well (dual relationships). It's important for us to consider the impact of touch on the recipient, not just our motivation for doing the touching. For example, a minister giving a kind hug to a grieving woman might not realize that his innocent gesture is interpreted by the woman, perhaps because of some past traumatic experience, as a threat or as a sexual invitation.

IMPORTANCE OF TRANSFERENCE

Transference is the reenactment of past emotional relationships in a counseling relationship. A client, for example, may start to relate to a therapist as if the therapist is his or her father, mother, boss, spouse, or lover. Transference can occur in many relationships, including physician-patient, pastor-congregant, lawyer-client, teacher-student, and mentor-protegé. People who come to helping professionals are extremely vulnerable, and this gives the professionals enormous power, for good or evil. Peter Rudder, M.D., in *Sex in the Forbidden Zone*, observes that "we need as ministers to get very close in intimacy to really heal. It is a dangerous and vulnerable zone." Ministers need to be keenly aware that their professional power demands clear boundaries. Transference can change a simple hug in the mind of the minister to a seductive advance in the mind of the recipient.

VULNERABILITY OF MINISTER

Due to the power imbalance in ministerial relationships, religious professionals become extremely vulnerable themselves. Members of congregations often meet with clergy in private offices and share with them their deepest intimacies. These sharings often lead to close relationships. If the religious professional has been careless about boundaries, is involved in dual relationships, is under stress, and perhaps lacks the training to recognize all of this, a disaster is waiting to happen. The issue becomes even more complicated if a minor is involved. Actual or perceived misconduct on the part of the religious could lead to criminal charges and perhaps the permanent termination of his or her ministry.

WHAT IS MISCONDUCT?

Misconduct is behavior characterized as inappropriate because of criminal, civil, and/or religious considerations. This article is principally concerned with sexual misconduct, in which an individual seizes an opportunity, or utilizes his or her ministry, office, or position, to take advantage of an individual with whom he or she is professionally involved (e.g., as pastor, teacher, counselor, or supervisor).

Sexual misconduct can be directed at either adults or minors. Pedophilia is a psychiatric disorder involving intense sexual urges and fantasies, and usually sexual activity, with prepubescent children. Ephebophilia involves the same behavior with postpubescent children. There is probably no single cause of pedophilia or ephebophilia, but

many persons with these disorders were themselves abused as children. On the other hand, there is no conclusive evidence that most people abused as children become child abusers themselves. It is also important to remember that sexual misconduct with minors is not mainly a problem involving clergy today. Most child sexual abuse occurs in the victim's home and involves family members. Yet there is some indication that abusers are attracted to professions that offer access to children. Obviously, however, this does not mean that most schoolteachers, physicians, scout leaders, and youth ministers are pedophiles.

SOME PREVENTIVE STRATEGIES

Be Professional. Think about appropriate professional boundaries and guidelines for ministerial relationships. Discuss these with your coworkers and initiate policies and guidelines within your endorsing religious body. Carefully reevaluate relationships that have dual purposes—pastoral, business, and social.

Work with Others. Many problems would be avoided if ministers would consult more with each other in peer supervision and carefully account for each of their ministerial relationships with a supervisor. "Lone ranger" means trouble in ministry.

Develop a Healthy Personal Life. Maintain intimate friendships away from your professional ministry. Exercise and stay in good health. Be sure to take days off regularly and get adequate sleep. By reducing personal stress and increasing appropriate intimacy, a religious professional is less likely to be tempted to meet personal needs through professional relationships.

Maintain Self-Awareness. Constantly monitor your motivations, thoughts, attractions, and feelings in your professional relationships. Know when you are preoccupied about the attractiveness of your clothes or hair, or experiencing other signs of physical interest in someone. Consider keeping a journal, going to a spiritual director and/or therapist, and developing a regular rhythm of personal and communal prayer as a way of knowing yourself and deepening your spiritual resources.

Recognize the Grave Ramifications of Misconduct. A realistic fear of the disastrous legal and ministerial consequences of professional misconduct may help motivate you to avoid inappropriate behavior.

Use Selective Hiring Practices. Do careful background and reference checks on all employees and volunteers in professional ministry, especially if they are to work with minors.

Avoid Potentially Risky Actions. Don't go on overnight excursions with minors without other adults present, or have a minor stay in your living quarters without a parent or guardian present. Don't give gifts to people served in your ministry, and avoid accepting gifts from them, especially if the gifts are substantial. Avoid frequent hugging, squeezing, kissing, or any other excessive or repeated touching of others unless you know them very well and know how your actions are being received.

Adhere to Guidelines for Pastoral Counseling. Provide the client with a clear written contract describing mutual expectations (best presented and discussed at the first meeting). Understand and abide by the rule of confidentiality. Develop referral resources, and never counsel beyond your training and skill level. Limit self-revelation; counseling is not a mutual relationship, like a friendship. Avoid excessive phone consultations and emergency interventions with the client, especially outside normal work hours. Limit the number, frequency, and duration of counseling sessions. Finally, honor the goals of the counseling client; never impose your own agenda without his or her agreement.

FUZZY BOUNDARIES DANGEROUS

Just as rigid boundaries can be barriers to growth and grace in a professional ministerial relationship, fuzzy boundaries can lead to chaos and confusion. Often, people who come to ministers are looking for secure and appropriate relationships. Congregants often test our limits and challenge us to say no. The goal of this article has been to stimulate thinking and awareness about boundaries and their importance in ministry.

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Out of the Depths of Depression

Pamela Smith, SS.C.M.

I no longer feel depressed today. But I have to acknowledge that there are days when I know that I am still prone to depression. I have to avoid the situations and habits (of mind and life-style) that can set me up for it. I now share my reflections with the readers of this journal, partly because I suspect that some may recognize something of themselves in my story, and partly because I am prodded to respond to the challenge issued by George Eppley in his article "Wanted: Lions Who Have Learned to Write" (HUMAN DEVELOPMENT, Spring 1991). There is probably much more lamb than lion in my personality, but I believe that I have something to say about the "lions and tigers and bears" (cf. *The Wizard of Oz*) that can assault body, mind, and spirit. For a number of months in late winter and early spring, I could not even choke out the concluding words of the psalm for Friday night prayer: "Friend and neighbor you have taken away; my one companion is darkness" (Ps. 88:19). The words too exactly mirrored the state I was in, and I simply could not voice them.

COMING UNSTRUNG

Until February of 1990 I thought that depression was something that got to, and crippled, other people. I compassionately believed that psychotherapy was something other people might understandably need. But then I experienced a series of traumatizing events that left me unstrung: election to community administration; a surprise hysterectomy; exacerbation of my long-term diabetes; involvement in the hospitalization of sisters and one close friend; and a gnawing sense of incapacity for dealing with the heavy incidence of sickness, death, and critical decision making. The unstringing brought on a couple of revelations that I was just barely on the verge of acknowledging when I finally went to a therapist in search of some help: first, that I'd had more than one long-term bout with depression; second, that I'd used a highly productive workaholic pattern to mask the depression.

I do not yet know, and I am not sure that professionals have helped me to know, whether the depressions I have experienced can be categorized as reactive (or situational) depressions or the chronic dysthymic syndrome. All I know is that what motivated me to begin weekly therapy in early 1990 was my honest answer to a question on a psychiatrist's inventory: "When was the last time you felt well—physically or emotionally—for a sustained period of time?" I looked at the question and put the survey in a drawer. I talked to myself about the effects of twenty-one years of brittle Type 1 diabetes. Then I thought about the fact that even when my diabetes was behaving well, I didn't feel all that wonderful. Worse yet, it occurred to me

that even before I'd had diabetes, when I was a teen and a young adult, I had often felt extremely "down" as soon as there was nothing to do. I finally wrote this response to the question, in a moment of truth: "If 'a sustained period of time' means for more than two or three months, then I have to go back to age 13 or 12"—thirty years earlier.

CONFRONTING THE PROBLEMS

One of the things the therapist said to me—probably in the second session—was that I had "the most elaborate set of coping mechanisms" of anyone she had ever met. I teach, I write articles and poetry, I give workshops for teachers and conduct retreats for adults and teens, I play several musical instruments, and I sing. I have friends, people seem to like me, and there are many things about life that I enjoy. But there was an insidious black hole that I would feel myself falling into early in the morning, late at night, or during a long, lonely ride home.

"Why do you want to change things?" the therapist asked.

"Because they're not working anymore," I answered. I was still trying to do everything I had been doing (community administration being the most difficult activity), but I had frequent, thunderous headaches, and my blood sugars were on a roller coaster. The only cause medical professionals could identify was stress. I had cried more in a year and a half than I had in my entire life before that time, and I felt that my interior was a disaster area. I had strong suspicions that the ragged edges were going to be showing up more and more on the exterior.

And what about the workaholic pattern? I told myself that I wasn't entirely compulsive, and not nearly so bad as some of the people around me. I did, after all, enjoy leisure, and I related to people. However, I had to admit that every time things slowed down too much I felt abandoned and desolate. The feeling was a familiar one that I had known since my teens—since shortly before my father's death, I believe. I had always worked hard, invented projects, joined too many clubs, volunteered for too many good causes, and had a long wish list of creative things I wanted to do when I had some time. In *Work and Love: The Crucial Balance* (1980), Jay Rohrlich remarks on the "narcotizing effects of concentration" and the use that can be made of work to stave off thoughts of death and to maintain some semblance of stability in one's life. As I confronted the fact that I had, since my early twenties, been aware of my potential for using alcohol on occasion to numb a nameless pain, I also knew that I had a handier, more acceptable, even irreproachable narcotic: lots of jobs to do. When I went for therapy, the whole cluster of "things to do" was cracking.

NEW INSIGHTS GAINED

Now, after undergoing six months of therapy and making a number of significant changes—including resigning from administration, resuming creative writing with a new freedom, and going on an insulin pump as a more aggressive approach to controlling my diabetes—I can write a few prescriptions for myself and for anyone who finds in my narrative a ring of the familiar.

Realize That Things Are "Bad Enough" to Warrant Professional Help. Most of us have met students or adult friends who thought for years that everyone saw things in a haze. My niece, who got her first pair of glasses at age 8, kept running out to the backyard and exclaiming with wonder, "The stars! The stars!" She had never seen anything but a blur and had assumed that was what everyone else found so attractive.

Similarly, I have learned that it is easy to assume that everyone gets depressed, that everyone hates to get up in the morning, that everyone feels a bit messed up or out of sync with the requirements of their daily round. It took me quite a while to acknowledge that I seemed to be missing something—and that I had emotional problems, and that I was disturbed, and that there should be a way to get better. At this point in my life I view going to a psychotherapist as being pretty much the same as going to an ophthalmologist, endocrinologist, gynecologist, or even dentist; it's one of those things one should do as needed. Recognizing the need is the most significant step.

Ask for the Help of a Friend. A good twenty years ago one of my friends was telling me about her first real job experiences as a caseworker in a state hospital. She confided to me her feeling that many of the people there would not have needed institutionalization if, much earlier on, they had had a close friend—someone they could talk to.

During the worst months of my own crisis, I wrote in a journal that I felt as if I were "standing in a locked room, banging on the door and walls and yelling for help but absolutely unable to make anyone hear me." In retrospect, I can see that I learned a couple of important things: first, that I did not have to maintain my image of confidence and control, because there were several people very close by who were more than willing to listen, to "hang in there," and to encourage me; also, that while I thought I was a skilled and clear communicator, I was actually a very poor communicator of my own need. One sister told me that I did not come across as needing much of anything until the day she encountered me on the verge of crying.

I have learned that it is not only all right but vitally important to ask a friend point-blank for help and to admit forthrightly that one is in deep

> **Depression does not easily loosen its grip, but there are ways of prying its hands open and pushing them away**

trouble. It *is* risky; the friend may back off. But I'm quite convinced that the avoidance response is rare. When it does happen, it may well signal that the friend himself or herself is on overload and/or may be afraid of facing his or her own demons. Generally speaking, religious people, particularly friends among religious people, find it next to impossible to turn away the Christ-in-me when push comes to shove. The God-in-them tends to want to reach out, and may even feel grateful and touched by an opportunity to minister to someone who usually seems not to need help.

Return to the Earth. Emily Dickinson, Walt Whitman, Robert Frost, ecologists, and "geologians" (or "eco-theologians") like Thomas Berry are among the thousands who have tuned us in to the healing properties of nature.

On Good Friday morning, at what seemed to be the peak (or nadir) of my crisis, I spent three hours alone on the beach in post-hurricane Charleston, North Carolina. In that setting, I began another attempt at self-restoration. During my uncentered quiet, I began to conceive of God as a great ocean into which I could float my cargo of chaos.

Since that time I have tried to make it a point to spend time outdoors regularly, walking, observing, soaking in the sun, breathing deeply. I have strolled waterfronts, hiked mountain waterfall trails, watched deer in the evening on the grounds of a monastery, and lain on the motherhouse lawn at 10:00 p.m., staring up into the stars and watching clouds waft across the moon. Earth is a mother, but we have to go to her to be held—and revitalized.

Let Prayer Be Transformed and Transforming. On the worst of my days, I went to Eucharist and to

morning and evening prayer (as I always did) but could not mutter a response to some of the invocations. God seemed so distant as to be unreal, untouchable. Or maybe I was.

For seven years or so prayer had been difficult. Fleeting attempts at meditation and contemplation were episodes of disjunction, distraction, and blank space. While I could immerse myself in work, I could not concentrate at all in prayer. What I finally did was to heed the advice I had so often heard myself give to retreatants: Pray any way you can. I read. I listened to music (John Michael Talbot, the St. Louis Jesuits, variations on Pachelbel's "Canon"). I played the organ and piano. Those things became my prayer. And then one day the obvious occurred to me. Writing has been, for quite a few years, more natural to me than talking. I have been doing creative writing and sorting out my private introspections on paper to some degree since I was seven years old. After my first book was published I met a dead end and pretty much stopped writing. All that I did produce were documents and formation handbooks and vocation program outlines for my community. It isn't that these were insignificant; it's just that the poetry, the celebration, and even some of the pathos that I had usually put on paper weren't there—and weren't going anywhere else, as far as I could tell. Finally, with the encouragement of my spiritual director, I realized that nothing was working in my prayer but that it might help if I began to write daily scriptural reflections again. So each morning, around 5:00, I began writing—first on women and feminine images in the Old Testament, later on the day's readings from the lectionary. I pondered, played with, and personalized the readings in pen. Sometimes my writings would qualify as generic reflections; at other times they were outpourings of anger and anguish. The practice has been disciplinary and therapeutic. I also believe that it has been prayer.

Writing, like pottery for the potter or dance for the dancer, has a way of opening the gates of communication and expression. At this point, as I continue the practice (with some modifications of time) and share the journalings with a friend, regular writing helps me to speak more to God than the "Oh, God!" groans or the mutterings and sighs that were once the most I could emit. Amazingly enough, I am now better able to sit still and listen for the inner voice that is a reply. For a long while I had not been able to sit still at all.

Wait in the Fifth Dimension, Time. In general, I now have a greater sense of well-being than I have had in long memory. But I still find myself sporadically caught in a wave of near-despair or in the grip of some previously unknown or unacknowledged fear. Thank God, this does not occur too often, and when it does I know both how to sit with

the feeling and how to let someone know. The dark gray episodes, the downs, seem to occur less frequently as time passes.

The passage of time seems to be key. I am gradually growing accustomed to the idea that diabetes might not be the only chronic illness that I need to pay attention to and take care of. Depression may well beset me again. It does not easily loosen its grip. But there are ways of prying its hands open and pushing them away so that they can no longer squeeze or choke.

TIME GRADUALLY HEALS

I write this from a contemplative retreat house, where I am spending a restful week. Yesterday, at midday prayer, the youngest sister here proposed a requiem for a sunflower felled in the previous night's ferocious thunderstorm. Everyone in the chapel touched the flower's droopy head and bade it farewell. We all laughed a bit—at the vicissitudes of life, at vulnerability, at ourselves.

In the dining room a long banner dominates one wall. It bears the conclusion to the refrain from Carey Landry's "Dance in the Darkness." It reads, "Surrender to the rhythm of redeeming grace." And on the front lawn there is a mud-colored sculpture of a seated Lord embracing a woman who is kneeling between his knees with her arms tucked under her and her head against his belly. She seems not so much a penitent as one who knows her need and her helplessness.

The sunflower seeds will be planted. The dark dance will proceed at a slow pace. The woman may need to rest for a long time. But that, it now seems to me, is what time is for: healing, becoming whole and falling into the arms of the Lord.

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Romance Novels Empower Women

When it comes to romance novels, society has always felt free to sit in judgement not only on the literature but on the reader herself," says best-selling novelist Jayne Ann Krentz. The author of fifty romances in the past ten years, Krentz has written a new college textbook entitled *Dangerous Men and Adventurous Women: Romance Writers on the Appeal of Romance* (paperback, University of Pennsylvania Press). In it she and twenty-one other romance novelists attempt to explain and defend their literary genre.

In a recent interview with *USA Today* writer Nanci Hellmich, Krentz calls the romance genre "the quintessential women's literature. It's written by women, edited by women, sold to women." She says that romance stories "provide a female worldview and stress the qualities that women think are the most important in themselves—honor, courage, determination, as well as our female characteristics, like gentleness and compassion." Krentz thinks the only people who understand romance literature are those who read or write it; everyone else is "baffled by it." Attempting to correct the misunderstanding that romances are sexual fantasies, Krentz explains that "in romances, sex is a side issue that arises from . . . bonding fantasies. [Romances] are tales of women taming and civilizing men and turning them into fathers and mates. . . . The hero plays a fascinating role. . . . he is also the villain. [The heroine] not only has to vanquish the villain, she has to save the hero."

Dangerous Men and Adventurous Women shows that romance novels help women psychologically. In Krentz's words, they "empower women because the heroine always wins. . . . The woman achieves control and power." Krentz points out further that it is a "mistake to assume" that the men in these tales "have anything to do with the men in real life. They don't. The books take place on a fantasy level, and they serve the same function as science fiction fantasy and mystery fantasy. We do not use fantasy for a reality check."

One of the main reasons women love the hero in romance novels is that he talks to them. As Linda Barlow and Krentz put it, "In real life women often complain about the reluctance of their male partners to engage in meaningful dialogue, but in the world of romantic fantasy heroes willingly participate in verbal discussions. . . . No hero of romance will ever respond to the eternal feminine query, 'What's wrong?' with the word 'Nothing.' He will tell her what's wrong, they will argue about it, perhaps, but they will be communicating. . . . Don't just show me, *tell* me, is one of the prime messages every romance hero must learn."

On relationships as they appear in romance novels, Krentz says, "In the books we maintain the value of a committed relationship even though in real life we know it doesn't work 100 percent of the time. If we ever gave up that value, we probably would have total disaster on our hands. When it comes to the value of a family, romance writers are the keepers of the flame."

A Wellness Program for Priests

Reverend Thomas M. Powers, S.T.D.

National health studies have indicated that executives in optimum condition, both physically and medically, tend to be more creative, make quicker decisions and inspire others to attain peak productivity levels. . . ." So reads a brochure distributed by the Executive Health Program of St. Clare's Hospital in Schenectady, New York. The program's center invites chief executive officers and other persons in the leadership of companies and agencies to a four-hour comprehensive health assessment. That assessment includes a review of the patient's medical history and a physical examination by a staff physician, a cardiac stress test by a board-certified cardiologist, and pulmonary function screening. The Executive Health Program is just one of many prevention programs available in the Upstate New York area. Government and industry are using such programs to keep top management functioning longer at a high level of performance.

In fall 1987 a series of meetings were sponsored by the Office of Ministry for Priests and the Consultation Center of the Diocese of Albany. Attending were representatives of the above-mentioned offices, the chair of the priests' personnel board, the comptroller of the diocese, and representatives of the four hospitals with Catholic sponsorship in the diocese.

The focus of the meetings was the declining state of health of the priests of the diocese, evidenced by an increase in the number of heart attacks, cardiovascular accidents, and other health-related incidents. Such problems adversely affected productivity and in some cases resulted in the absence or loss of effective ministers who needed recuperation time or were forced to retire for health reasons. An informal survey conducted prior to the meetings had indicated that a significant number of priests did not have a regular physician, and a still greater number had not had a physical examination in years. "No need to visit a doctor; I am feeling fine,"
was a common response to the query "Who is your doctor, and when did you visit him or her last?" The committee received a commission from Bishop Howard J. Hubbard to ascertain the need for a preventive health care program for priests, assess the features and cost of such a program, and submit a proposal to him.

The proposal that resulted indicated that the priests of the diocese had a substantiated need for physical examinations and, when appropriate, treatment or therapy. Even without an extensive survey, it was obvious that the life-style of many priests was not conducive to good health. Exercise was often confined to "jumping to conclusions"; smoking, although less prevalent than in the "good old days," was still widespread; weight was out of control and off the scale in more ways than one. The cost of health care was putting the priests of the diocese out of the pool of health care programs and had to be privately funded. If the diocese could enter into a wellness program that would prevent even one major heart attack, the savings in medical costs would pay for the entire program.

The four hospital representatives were willing to agree to a common examination program that would cover the same items and treatments. The hoped-for result was that priests could be examined and treated at the hospital of their choice under the coordinated program. This part of the planning proved to be the most difficult, but an equitable system was devised.

The office of ministry to priests, the consultation center representative, and the comptroller entered into conversation regarding costs and payments. It was proposed that the parish or institution served by the priests be responsible for the basic cost, which was set at $320.00 per patient. When further treatment, therapy, or medical intervention was called for, the regular diocesan health plan would take effect.

By December 1987 the planning for the wellness program was in place. It was time for the second step: the distribution of information and the setting of places and times for physical examinations.

In a letter to all priests in the diocese, the bishop expressed his concern for each of them and related the fact that many were showing signs of health-related difficulties. He invited all to the Wellness Day, which was held in February 1988.

The agenda of the gathering included a welcome by the bishop, who reiterated his concern for the priests and his recognition of their health care needs. Using facts, figures, and graphs, a cardiologist described the negative consequences of overeating, smoking, and a sedentary life-style. After a healthful lunch, the priests attended afternoon sessions on recommended dietary changes, suggested menus, and facts concerning excessive weight. The final presentation covered exercise and good health. As the priests left the lecture hall, they encountered representatives of the four hospitals, ready with appointment books to sign them up for physical examinations. Happily, almost all the priests present made an appointment.

The taking of medical and personal histories and the performance of physical examinations began by mid-April. Sixty percent of the priests in the diocese were examined at the four hospitals.

One morning a priest who was in his mid-fifties —a nonsmoker who jogged on a regular basis—was found to have serious heart disease. Immediate catheterization and bypass surgery were ordered. The word spread, and more priests entered the program, bringing the total percentage of participation within the diocese to ninety-plus. "If it could happen to him, I need the exam" was a typical remark heard at clergy gatherings. Four other cases of heart disease were discovered in the course of physical examination or at the time of the stress test. Less life-threatening problems were also routinely uncovered.

Every aspect of the examination stage presented challenges. Computers gulped or lost test results; medical personnel were diverted to emergency cases; waiting rooms were clogged because of the growing case loads. Still, all who requested examinations received them. It was late August before all were finished.

RESULTS CAUSE CONCERN

Each participant in the Wellness Program received a written report of the findings of his examination and stress test. Some met with another physician, a dietician, or other appropriate medical personnel.

In September 1988 the clergy of the diocese were invited to learn of the findings of the Wellness Program. Some facts were most interesting, and some were cause for concern.

Overall, only 57 percent of the priests were free of health problems. Sixty-five percent of those tested had cholesterol levels above the desirable range (14 percent were high; 2 percent were severely elevated). Smokers constituted 17.6 percent of the 45–50 age group, 28 percent of the 55–60 age group, and an upsetting 22 percent of the 25–35 age group. Eleven percent of the priests tested had abnormal or borderline abnormal electrocardiograms. Over 25 percent had diabetes. Over 30 percent had diastolic blood pressure over 90. Systolic pressure reached 160 for over 5 percent. Sixty-six percent were overweight, and a significant number were over fifty pounds too heavy.

These results spurred many priests to make immediate dietary and life-style changes. Some entered hospital-sponsored weight loss clinics. These programs were in the long run not successful; the end of the program marked the beginning of a weight rise. Priests who combined diet and exercise had a more successful and sustained loss of weight.

Smoking by the priests is now noticeably reduced. Although there are no hard figures to cite, observation indicates that fewer than twenty continue to smoke.

THE NEXT STEP

It is now three years since the initiation of our wellness program. The hospitals are planning to focus the next examinations on cancer detection and prevention. The priests' medical histories will be compared and updated. Stress tests will be ordered only when a cardiologist ascertains a need. Since the first year many priests have been in regular touch with a physician and are receiving annual checkups.

The next Wellness Day will start with physical examinations, and written reports will be sent to the patients over a six-month period. Participation in the program will be voluntary but strongly encouraged. The cost will be carried according to the same basis used in the first year and will reflect a modest increase due to the additional laboratory work.

The story and figures attest to the value of such a wellness program. An immeasurable additional benefit is the clear message to priests that their local church values them and the diocesan family wishes them the best of health.

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Self-Discovery Within an Illness

Patrick J. McDonald, A.C.S.W.

Osteoporosis is a condition characterized by a degradation of bone mass and density. There is an attendant enlargement of the spaces between the bones. Arthritis is often present. The result is weakened bone structure, and bones break easily as the disease progresses. The degradation is often measured in terms of the percentage of calcium gone (e.g., 30 percent) and calcium remaining (e.g., 70 percent).

The etiology of the disease may be rooted in age, postmenopausal changes, genetics, dietary deficiency, or trauma. Interestingly, astronauts return to Earth with decreased bone mass and must routinely do vigorous exercise while on space flights to compensate for predictable losses.

The overall impact of the disease, however, cannot be measured in percentages of calcium lost or retained. Every percentage point of calcium lost represents an increased chance of bone breakage. The victim can spend weeks waiting for a broken bone to heal, then break it again upon reentry into active living. The emotional spinoffs can be isolation, depression, and a continuing deterioration of the quality of life.

Patients with osteoporosis are unlikely to spend much time reflecting on research questions about bone density. They react viscerally, even primitively.

The scriptures ascribe all psychological functions to certain organs of the body, including the bones. When the psalmist says "Heal me, my bones are in torment" (6:3), he means that his whole person aches to the depths of his bones, to the marrow.

ONE WOMAN'S STRUGGLE

"Osteoporosis," my client said, slowly shaking her head back and forth in disbelief. "It's certain now. My doctor told me this morning that I have osteoporosis."

We were both immersed in silence as we absorbed this news. She sat rigidly upright, her lower back supported by a small pillow, which was now needed for support, as the internal framework of her body had been weakening for some time. She finally understood the cause of her stiffness, aches, and arthritic pain. "The doctors tell me that I have already lost 30 percent of my calcium and that I must move carefully," she said quietly. "I'm already at the bone-breaking stage."

I faced her squarely from my rocking chair, the position from which I measure life each day as a psychotherapist. In the quiet pauses between her recounting of the medical news, she cried softly, each tear poignantly expressing that life would never be the same.

I was deeply moved by her account. My own tears flowed freely as she talked. In fact, my tears were the most honest statement I made that day; our encounter was one of those ground-shaking experiences in which verbiage seems at best weak and at worst obscene.

She continued to speak, half laughing through her tears. "The clinic gave me a brochure written for victims of osteoporosis. Want to hear what they recommend?"

"Sure, why not," I answered.

"It says that I need to be positive, do gentle exercise, being careful not to break any bones, and develop a new self-image. That's all."

We both laughed aloud, nodding our heads in agreement that you don't develop a new self-image as easily as you buy a new pair of shoes.

She had begun psychotherapy several weeks earlier, following a series of traumatic incidents in her life, including the loss of her ex-husband to cancer. Although they had been divorced prior to his illness, she had kept a long vigil with him until he died. Her second marriage now had its difficulties. She explored life openly in therapy, motivated to retain a vital spirit despite life's problems and setbacks.

SELF FOCUS OF THERAPY

Our work focused on helping her develop a new self, meaning a new metaphorical base for thought and feeling. I postulate that the self is a metaphorical foundation because the self is defined in a systemic way—that is, by function rather than by location. For theorists, the self refers to certain foundational matters of affect, cognition, imaginative representation, and the exercise of free will. Theorists encapsulate these functions under the notion of a self system, which they refer to as a superordinate structure. In other words, its function is synonymous with psychological life. For practitioners who accept that such an entity exists, the self system offers a definable focus for psychotherapeutic activity.

The self, however, remains an ephemeral reality. It appears to be more easily understood in practical rather than theoretical ways: it fosters a movement away from external security, it speaks of a clearly known and defined "I," it speaks of taking new risks. When someone has a clearly defined self, he or she makes life work better. When the self is diffuse, a person remains enmeshed in family entanglements and organizational conflicts, and acts out those entanglements in various settings. An experienced therapist knows that under certain conditions, something within a person organizes, integrates, and heals, and when it does, life comes together for that person. Diminished anxiety and increased clarity about the future are reflective of this internal organization.

Central to the development of the self is the self-object. In other words, the self develops through one's relationships with significant others during early life, with a therapist during a crisis, and with objects, ideals, religious quests, transcendent causes and experiences, and memories during the adult years. While some theoreticians declare

> **The self is an ephemeral reality; it appears to be more easily understood in practical rather than theoretical ways**

that differentiation of the self from a self-object is spurious, others affirm that the work of differentiating the self from one's family of origin is an achievable life task. They propound that the more differentiated one is, the more one acts from a cognitive rather than an emotional context.

MERTON ON SELF

Thomas Merton reflected on the nature of the self in his writings—not the self of psychologists like Heinz Kohut and Michael Basch, but an ontological self that survives through major life shifts, including death.

I choose Merton to illuminate the nature of the self for two reasons. First, he is widely acknowledged as the most influential commentator on spiritual life in our time. Twenty-four years after his death, his writings still stimulate fresh reflections on spiritual development. Second, Merton's studies on the nature of the self placed that reality at the center of all his work and made it the orienting concept around which he developed a symbolic theology of the self.

If the self-object is transient and the self depends on that object for its definition, Merton wondered, what happens to the self when the self-object is gone? He struggled with this question for most of his lifetime, in quest, both personally and in his writings, for the true self. "Ultimately," Merton wrote, "the only way I can be myself is to become identified with Him in whom is hidden the reason and fulfillment of my existence. Therefore there is only one problem on which all of my existence, my peace and my happiness depend: to discover myself in discovering God. If I find Him I will find myself and if I find my true self I will find Him."

DISCOVERING THE REAL SELF

The development of a self in our society is a practical matter, and psychotherapy in the United States is oriented toward practical goals. Self-objects determine the nature of the self. When a major self-object shifts, the results can be devastating. Ask a 50-year-old specialized manager who has lost his job because of the recession. His entire self-structure has been violated. He may never recover a satisfactory self. He may become isolated and protect himself from threatening interaction as his depression deepens day by day.

Contemporary psychologists, as well as spiritual guides, speak of discovering the real self, or the authentic self, or the genuine self, but few define what they mean by such terms.

Developmental theoreticians view the discovery of the real self as a maturing of the self structure that enables one to enter into a richer and more rewarding life experience. Whereas some allow that the self-object may be religious belief and experience, whether the self lasts beyond death is not a matter for scientific investigation. Theologians and spiritual authors tend to define the real self in ontological terms, as something ultimately known only to God. They do, however, also pay attention to psychological processes and integrate them with spirituality under the notion of wholeness. In *New Seeds of Contemplation*, Merton postulated that the practical, external self is only a mask, or disguise, for a more genuine, hidden self:

> We must remember that this superficial "I" is not our real self. It is our "individuality" and our "empirical self" but it is not truly the hidden and mysterious person in whom we subsist before the eyes of God. The "I" that works in the world, thinks about itself, observes its own reactions and talks about itself is not the true "I" that has been united to God in Christ. It is at best the vesture, the mask, the disguise of that mysterious and unknown "self" whom most of us will never discover until we are dead. Our external, superficial self is not eternal, not spiritual. Far from it. This self is doomed to disappear as completely as smoke from a chimney. It is utterly frail and evanescent.

ILLNESS RAISES QUESTIONS

"What is going to happen to me?" my client asked. "What about all the work you and I have done? Does it really mean anything? Cancer," she reflected, "invades your system like an alien intruder, and you can localize it. But this," she said, looking at the backs of her hands, "this is insidious, like your whole internal structure is eroding away."

I remained quiet for a time, reflecting on the cruelty of the erosion taking place deep within her.

"Which part will my husband love now?" she asked. "Will he love only the 70 percent of me that is healthy? Or will he still love the part of me that is eroding? Will he be there for me if I become bedfast?"

"I don't know," I replied. "Those questions can be answered only as life unfolds for you. I do believe that your work to build a strong self has not been in vain. You do have energy and vitality, which you didn't have a few weeks ago. The major life changes you are experiencing now are difficult, but they can also be a call to a deeper experience of self. You are going through a death-and-dying process, and you need more than a practical self to sustain you. This is an invitation to open up a new spirituality with your self, grounded in God. Let's not talk much more today," I said. "Instead, allow me to try something. Just give me an open mind."

As I do with other clients, I led her through a relaxation sequence, using guided imagery. I told her to imagine herself beside a lake on a pleasant summer day. I invited her to allow the warm sunshine to speak to her of the deep and genuine love of God, who longs to embrace her without reservation. I reflected aloud that God's love heals, and if we allow God to be compassionate with us, we can be made whole. I told her to rest quietly for several minutes while she became attuned to the quiet space within her. Ten minutes later I invited her to continue discussion with me.

"I have to relearn so much about God," she said. "I grew up with a very punitive view. It left me with lots of fear. My spirituality has been halting and labored all my life because of that."

"I believe," I said, "that the deterioration of your body calls you to new wholeness."

When confronted with a severe illness, especially one that destroys the very structure of our physical person, the practical self carries limited relevance. Admittedly, a strong practical self can make life more livable in a concrete way, but the profound questions of life, death, and immortality are not touched.

"What about my body?" she asked. "What is to be left of me as this thing progresses? Will my self go with it? I'm really fearful."

I expressed my own view as gently as I could. "I believe that as your body changes, your person can become more grounded in God. I have no doubt about that. I believe that we are called to life through a dying process. Some of us just haven't been confronted with the stark facts as dramatically as you have; therefore, we live with our fantasies about life undisturbed."

GOD INSTRUMENTAL IN PROCESS

After my client left that day, I sat in my rocker for a while and reflected on all that had happened in a brief fifty minutes. I thought about how glibly we use the term *self* and how uncritically we construct psychological realities. I thought about how quickly life can change and how, until it does, we

spend most of our time avoiding the richer questions of life and death. I also reflected on the privileged work of psychotherapy and spiritual direction, in which we are called upon to explore with our clients what substance may underlie unexpected shifts in life. I reflected on a lingering image of my client undergoing the most significant transition of her life. That the old person was eroding away and the new was not yet born made her weak and terribly vulnerable. The osteoporosis imaged in dramatic form what her inner person was experiencing.

I also thought about Merton, whose musings preceded my own by thirty years. In *New Seeds of Contemplation* he so eloquently spoke for every person about the incredibly difficult task of bringing the true self to life:

Although this looks simple, it is in reality immensely difficult. In fact, if I am left to myself, it will be utterly impossible. For although I can know something of God's existence and nature by my own reason, there is no human and rational way in which I can arrive at that contact, that possession of Him, which will be the discovery of who He really is and who I am in Him . . .

The only one who can teach me to find God is God, Himself, alone.

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Iron Related to Heart Risk

Twenty-two years ago, Dr. Jerome L. Sullivan (now director of clinical laboratories at the Veterans Affairs Medical Center in Charleston, South Carolina) wrote an article that was turned down by the *New England Journal of Medicine* and the *Journal of the American Medical Association.* In that article, ultimately published in a British medical journal, the *Lancet,* Dr. Sullivan pointed out that high iron levels had not been included among 246 factors proposed to put people at risk for heart attacks. He believed that iron, consumed especially in red meat, should be studied thoroughly by scientists interested in preventing coronary heart disease.

In further writings Dr. Sullivan suggested that people with high iron levels who donate blood might be benefiting themselves, not just the recipients of their donations. His iron hypothesis challenged the theory that identifies the female hormone estrogen as the protector of premenopausal women against heart attacks. Dr. Sullivan found that donating blood three times a year is enough to reduce the iron levels of a healthy man or postmenopausal woman to those of a menstruating woman. Because iron is carried in the blood, menstruating women lose iron each month. Thus, they have lower levels of iron than men—and fewer heart attacks as well.

The Sullivan hypothesis was recently given strong support by a large study in eastern Finland, where heart-attack death rates are the highest in the world. The findings, discussed by medical journalist Lawrence K. Altman in the *New York Times,* suggest that iron helps form the plaque that hardens artery walls and blocks the flow of blood through the coronary arteries, leading to a heart attack. Iron is also thought to contribute to a chemical chain reaction that leads to the damage and death of heart muscle cells during a heart attack.

The Finnish study, conducted by Dr. Jukka T. Salonen at the University of Kuopio and published in the American Heart Association's journal, *Circulation,* involved more than 1,900 men from 42 to 60 years of age who had no clinical evidence of heart disease when the study began in 1984. By the time it was completed in 1989, the research project was prompting scientists to wonder whether current recommendations for the amount of iron in the diet will eventually be considered harmful. In their study, Dr. Salonen and his colleagues measured the amount of ferratin, a protein that binds iron in the blood. They found that for each 1 percent increase in the amount of ferratin in the blood, there was a more than 4 percent increase in risk of heart attack. Ferratin, writes Altman, "was the second strongest risk factor for heart attacks, behind a combination of the number of cigarettes smoked and the number of years that a participant smoked."

Dr. Salonen concludes his report as follows: "Even if iron is confirmed as a strong risk factor, it will not negate the established risk factors such as cigarette smoking, high blood pressure and high LDL (low-density lipoprotein) cholesterol levels." He and his team have employed the ancient practice of blood-letting on fourteen Finnish men with high iron levels to determine the effects of such purging on their lipids (fats) and metabolism. The results will be published later this year.

Dealing with Feelings of Guilt

Francis J. Buckley, S.J., S.T.D.

What makes you feel uneasy or guilty?

Whose voice do you hear telling you something is wrong?

Why do you feel guilty doing something you know in your heart is right?

What can set you free?

Most people develop a sense of guilt through social interaction. Others either alert them to some damage they have done, or short-circuit the process by telling them that they are doing something wrong without telling them why it is wrong. One playmate wails or retaliates if another grabs his or her toy. Parents and teachers often intervene, inflicting physical or verbal punishment and labeling the behavior, or the miscreant, as bad. All too often they stop there, not adding an appeal to reason and empathy. This may hinder the proper formation of guilt feelings.

Psychologists have identified three types of guilt feelings: genuine, false, and existential.

GENUINE GUILT

We feel genuine guilt when we have hurt someone, especially someone we love. The damage may have come from our action or inaction, from the evil we did or the good we failed to do, from gossiping about someone's faults or from keeping silent when we should have spoken up in someone's defense. We feel guilty because we put ourselves first, at the expense of someone else. When we hurt others this way, we ought to feel guilty. If we do not feel guilty, we are sick; we are psychopaths or sociopaths. Newspapers often carry stories of murderers, rapists, embezzlers who feel no remorse. Something is terribly wrong when a conscience is dead.

Genuine guilt springs from the experience of deliberately doing harm to someone without sufficient reason. But it does not come automatically. Time for reflection may be needed to discover the damage caused or to think about the rights of others. Someone may have to intervene to alert us to what we have overlooked. For example, in 2 Samuel, chapters 11 and 12, David seems to show no sorrow or even awareness that he has committed adultery and murder until the prophet Nathan confronts him. But wrongdoers ought to feel guilty for doing harm, primarily out of empathy for the victims—that is, identifying with them and entering into the pain they suffer. That was the purpose of the parable Nathan told David: to get him to put himself into another's shoes. The story worked. David felt guilty. Such guilt is in fact healthy because it is honest. It can be a creative driving force in overcoming evil with good.

Genuine guilt is relieved in an unsatisfactory way by suppressing it from attention, as David originally did; by inflicting an unrelated punish-

ment on oneself (for example, causing an accident or doing something else in order to be punished); or by false rationalization (saying "Everyone does it" or "They deserved it"). Genuine guilt is relieved properly by admitting the fault and asking pardon, as David did; by repairing the damage done, if that is possible; by getting reassurance from an authority figure (prophet, parent, priest, spouse) that one is still lovable despite the sin and that God has forgiven it; or by true reasoning (seeing the fault in context, with all the mitigating factors, excusing causes, and diminished responsibility).

FALSE GUILT

When we suffer from false guilt, we feel guilty even though we are innocent. We did what we thought was best. No one was hurt; in fact, they were helped. Yet we have a nagging feeling: "I shouldn't have done that." Some people confuse that uneasy feeling with conscience. But conscience operates at the conscious level, on which we are aware of our responsibilities, weigh the options, think of the consequences, and then choose to say yes or no to God's invitation to love. In contrast, the worrisome feeling of false guilt is below the level of consciousness. Subconsciously, we feel miserable even about doing good. This kind of guilt is unhealthy.

Sharon is dating Dan, who is gay. They enjoy one another's company but do not plan to marry. Sharon's mother tells her to break off the friendship. Sharon refuses. She knows she is a good influence on Dan, and Dan has given her a whole new point of view. Still, she feels guilt for continuing to see him.

Bill had never been able to live up to his parents' expectations. If he got a B in English, why wasn't it an A? How come he didn't make the baseball team? Why couldn't he play the piano like his brother? Bill blames himself for disappointing them. He thinks it must have been his fault that they got sick and drank so much.

Parents, teachers, and other authority figures try to share their understanding of social limits—but their understanding may be limited or mistaken. Or the one being taught may not understand all the nuances of what is being said. False guilt can result.

Rules and laws and social taboos embody what others have experienced to be helpful or harmful to some value. The experiences that underlie the rules can be counterbalanced or put into a wider context by other experiences. Laws and customs are constantly being revised in healthy societies as new evidence emerges about what is genuinely helpful. Often the evidence comes to light when someone risks breaking the taboo. Jesus was frequently criticized for doing what was socially unacceptable: eating with sinners, talking with women,

touching lepers and corpses, curing on the Sabbath. He did these things not out of pride or contempt for the law, but out of love.

Taking risks, even against orders, may be utterly innocent. Children climb trees to see if they can. Newly diagnosed diabetics experiment with their diets to find out what will happen. In the recent Olympics all the figure skaters in the final event fell down. They were willing to risk failure, to push themselves to their limits.

Risking new experiences is relatively easy when one's self-concept is peripherally involved, as in learning to drive or to use a computer, or wearing a new style of clothes or hairdo. It is difficult when one's self-concept is centrally involved, as in sexuality (e.g., dating outside one's racial or ethnic group) or success at work (e.g., hiring or welcoming minorities). People sometimes feel themselves trapped between conflicting expectations. Official church teachings say one thing; parents or peers say another.

Many people fail to share insights and experiences that conflict with what is currently socially acceptable. They may be afraid that others will not understand, or they may feel that failure to obey the rules is disloyal to their parents or to some other legitimate authority. They do not want to risk group pressure or ostracism. If they do engage in socially unacceptable behavior, they feel guilty and try to keep their behavior secret. As a result, racism, sexism, and other forms of discrimination and injustice go unchallenged, the community suffers, and the nonconforming individual feels vaguely guilty—but for the wrong reason.

False guilt may be reduced in an unhealthy way by suppressing it from awareness, by triggering an alternative punishment for some other illicit action, or by confessing the "fault" and accepting punishment. Ultimately, none of these solutions is satisfactory, for none directly confronts the mistake involved in the formation of the erroneous conscience. The false guilt remains to surface later, often as a source of psychopathology.

False guilt is best relieved by deliberately doing something that induces the false guilt feelings, then discovering that no harm comes to oneself or others, and having this discovery confirmed by an authority figure (confessor, spiritual director, pastor, psychological counselor, parent). Through this process one learns that the guilt feelings are false, not in conformity with reality. As this awareness intensifies, the false guilt fades. Often, support groups of people who have worked through similar problems are helpful in reinforcing the advice of an authority figure.

Does recourse to authority keep the "guilty" person overdependent? No. Since a misunderstanding of authority or of the loyalty and obedience owed to authority lies at the origin of false guilt, that misunderstanding must be confronted

and clarified through the authority in question. Besides, the authority figure can provide both objectivity and some contact with the community, thus removing the full burden of conscience formation from the shoulders of the individual. People may consider themselves exempted or excused from laws too readily or too seldom. Saint Teresa of Avila quite rightly preferred her confessor to be wise rather than holy. A wise confessor is more helpful in forming one's conscience.

EXISTENTIAL GUILT

Existential guilt is not founded on our actions, on what we do or do not do; it is based on what has happened to us or on what we are, with all our limitations. Survivors of concentration camps or floods or earthquakes may feel guilty because others died but they themselves are alive and free. At first this may sound irrational. After all, they did not cause the earthquake or flood or put others into concentration camps. They did all they could to help the victims. Why would they feel guilty?

Diane was a religious-education coordinator in her parish. She worked long and hard at her job, but it never seemed to be enough. "I should be doing more," she told herself. "There are so many people in the parish and the diocese who need help." She kept feeling guilty, even as she burned herself out.

Brian complained, "Priests make me feel guilty about people in El Salvador or Bangladesh or Turkey. They shouldn't do that. We have enough problems with homeless people right here. How can we be responsible for people we have never seen or met?"

Brian and Diane are experiencing existential guilt. Existential guilt is not necessarily false guilt. It is based on a fundamental solidarity with other people. The whole human race forms one family, and we rightly feel uneasy if other family members are starving or sick or enslaved. It is not fair that people are suffering through no fault of their own. We have not caused the situation; we may not personally be able to remedy it; yet we feel we ought to do something. But what?

We must do what we reasonably can, by ourselves and united with others, to lessen the pain others suffer. But we must do this without anxiety, recognizing that we are not divine Providence. God loves every limited, finite human being, regardless of race and class. Jesus died for all of us. The Spirit enables us to share in that love and to act on it. Thus, existential guilt can be a poweful—and healthy—motive for action. It is unhealthy only when it is out of proportion to what we can do, given our limits.

Jesus himself did not feed all the hungry in the world or heal all the sick or remedy all injustices. He freely accepted his human limits, and even his death. God the Father loved Jesus, not *despite* his limits but precisely *because* he took those limits upon himself.

Like Jesus, we must reject a proud perfectionism. "Have the same attitude as Christ Jesus: who, being in the form of God, did not count equality with God something to be clung to, but emptied himself, taking the form of a slave, becoming as human beings are; and being in every way like a human being, he was humbler yet, even to accepting death, death on a cross. And for this God raised him high" (Phil. 2:5–9).

Existential guilt is handled badly by allowing it to paralyze us and overwhelm us with feelings of inadequacy in the face of massive evils; by overcompensating, burning ourselves out in an effort to undo all the injustice and suffering in the world; by becoming resentful, accusing others of trying to manipulate us; or by resisting and denying any responsibility for problems we did not personally cause.

Existential guilt is best relieved by discovering the reasons we feel guilty and the limits of our responsibility, and by having those reasons and limits confirmed by an authority figure (confessor, spiritual director, pastor, counselor, parent, friend). Thus we become aware that the feelings are rooted in human solidarity and should lead to action to establish justice. As we do this again and again, our awareness intensifies, we undertake prudent action, and the anguish of existential guilt fades. But the guilt remains a powerful motive for action.

JESUS AND GUILT

For Christians, psychological analysis of guilt is useful, but not enough. Faith sheds even more light on guilt and guilt feelings.

Jesus Christ came to take all our guilt away, but not all our guilt feelings. That is, Jesus did not abolish the psychological processes by which people deal with various types of guilt in healthy and unhealthy ways. Grace does not abolish nature; it builds on it and works through it. Jesus takes away guilt not psychologically but on a level deeper than conscious awareness. Theology can make us aware of what Jesus did and does.

Jesus did not take sinful guilt upon himself; he remained innocent and sinless. But he was not a passive victim, caught by circumstances beyond his control. He took the initiative, taking our genuine guilt away by putting his love into the vacuum left by our sinful refusal to love. He loved sinners, taught us how to love even to death, and empowers us to love like him by sharing with us his Holy Spirit, his Spirit of love. By loving us into loving, Jesus removes the sin underlying genuine guilt.

This liberating love finds expression in the psychological process of dealing with genuine guilt in

a healthy way, inside or outside the sacrament of penance and reconciliation, by admitting the fault and asking pardon, in the sacrament or in some other way; by repairing the damage done if that is possible, often as part of the penance imposed after confession; by getting reassurance from an authority figure (confessor, parent, spouse) that one is still lovable despite the sin and that God has forgiven it; and by using true reasoning (seeing the fault in context, with all the mitigating factors, excusing causes, and diminished responsibility). A good confessor can help by calling all this to the attention of the penitent.

Jesus took away false guilt by teaching us what is truly right and wrong. Jesus revealed to us the true God, the ultimate ideal of every father and mother, who sets us free from querulous nagging and destructive scruples. The true God is watching us at every moment, not to catch us in some mistake or sin but to hold us in the hollow of his hand and warm us with the breath of his love. The true God wants us to be happy, not sad; to rejoice in his love and forgiveness; to feel the power of his Spirit surging through us. The true God wants us to take risks and experience the full extent of our Christian freedom. The dialogue with the priest in the sacrament of reconciliation can help correct faulty images of God and mistaken notions of human responsibility.

Jesus did not take genuine guilt and false guilt upon himself. He could not have done so and remained true to himself. But he did fully and completely assume existential guilt. How?

A key figure in the Hebrew scriptures is the *go'el*, a family member who is responsible for getting other family members out of trouble. He does what is necessary, "pays the price," to rescue or redeem them. For example, Abraham rescued his nephew Lot, who had been captured "together with the women and people" (Gen. 14:16). Joseph rescued his brothers, the very ones who had sold him into slavery (Gen. 37–50).

Jesus became part of our human family, responsible for the rest of us. He took our tragedies, our disasters, the sufferings of all the guilty and the innocent upon himself. Best of all, he did something about them. Jesus fed the hungry, healed the sick, raised the dead. He reached out to social outcasts and did what was socially unpopular. He remedied what was unfair, broke down barriers of prejudice and pride, and restored order to our relationships with God and one another. More than that, he told us to carry on his work—not as isolated individuals but as a community, a family, his body, the church. The sacrament of reconciliation, especially in communal penance services, can deepen and clarify this sense of solidarity and responsibility.

We all can share in Christ's redemptive work by joining our prayers, our gift of self, to the prayers of Jesus, as he offered himself for us at the Last Supper and on Calvary. We can also share in his redemptive work by our sufferings—those that we undergo as we try to spread his Kingdom, but also those that seem senseless and meaningless, as senseless as the sufferings of the innocent Jesus on the cross. St. Paul once wrote, "I rejoice in my sufferings, because I fill up in my body the sufferings which are lacking to Christ for the sake of his body, the Church" (Col. 1:24).

We can all join in Christ's work of paying the price to set humanity free through all the loving acts we do, filling up the lack of love in others' lives and adding to the momentum of love that Jesus set in motion from his incarnation to his last breath. As we do that, we not only make up for our own sins; we also make up for the sins of others. We join Jesus in washing away the accumulated guilt of the world. As we do this, we atone for genuine guilt, remove false guilt, and relieve existential guilt. United with Christ, we take guilt away. We are energized for a wholehearted commitment to Christian love. "Remain in him now, children, so that when he appears we may be fearless and not shrink from him in shame at his coming. . . . In love there is no room for fear [guilt, shame], but perfect love drives out fear, because fear implies punishment, and whoever is afraid has not come to perfection in love" (1 John 2:28, 4:18).

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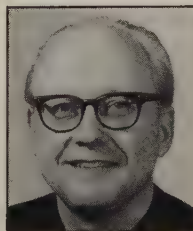
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A Woman's Search for Wholeness

Josephine M. Morse, R.N.C., M.S.

A chance meeting with an old friend whom I had not seen for years led to a long lunch, during which we caught up on each other's news and life events. It was a delightful reunion.

In the course of our conversation, I told her that during a six-month period I had experienced the break-up of a nine-year relationship, a weight loss of eighty pounds, and three surgeries. I went on to share with her how distressed I had become with myself, because after having worked so hard to lose weight, I was consuming huge amounts of food. Overeating was painful, and I was fearful that I would regain the weight. I was trying to keep the excess pounds at bay by exercising six to nine times a week.

My friend suggested that I see a counselor who was a friend of hers. I had heard this counselor lecture on motivation at a weight-loss program I had attended, and I had liked her presentation. June 1990 saw me hesitantly walking into the counselor's office in the dark of unknowing. I was very nervous, fearful that someone might find out I was being "seen." After all, I told myself, I'm not crazy—just distressed.

AN UPSETTING START

My first visit with the counselor confirmed that I was seeking help because of my overeating and the pain it was causing me. I inquired as to how long I would need to be seen. "Probably four sessions," was the counselor's response.

Within four sessions I had given a brief history of my childhood. I thought it was all tied up in a nice little package of completion. To my surprise, the counselor asked me if I had read *The Courage to Heal* by Ellen Bass and Laura Davis. "No," I replied, "I have never heard of it."

After leaving the office I went to a bookstore and asked for the book. When I saw what was on the cover I nearly died. Beneath the book's title was this subtitle: *A Guide for Women Survivors of Child Sexual Abuse.* Why that subtitle upset me, I didn't know. Trying to maintain a facade of calmness, I paid for the book and went home. As I read the book that night, a darkness grew within me. That night became a nightmare that I thought would never end. I couldn't admit that I had been an abused child—I couldn't face it.

I never knew I could cry so many tears or pace so many steps. I had no idea what was happening. I felt paralyzed with fear. The next morning I wrote a tiny note to the counselor and mailed it. I do not remember what was in the note; the pain was too intense.

My friends, prayer, work, and aerobics carried me through the next torturous months. The days were jumbled. I functioned automatically. I worked and lived as though nothing were different. Sleep was short, and I felt drugged. I binged to stuff down

feelings that attempted to surface. I did not know what else to do.

Four counseling sessions turned into eight, then ten, then more. I decided to go to a "Breaking Free" weekend—intensive therapy for persons with all types of addictions, including compulsive overeating. The therapy included work on family-of-origin issues, gestalt therapy, memory recall through guided regression, and work on intense emotional issues related to unresolved childhood trauma. I followed up that powerful weekend by attending the twelve-step program of Overeaters Anonymous (OA) twice a week. At that stage I was highly scheduled. I had to do everything right, no matter what. Go, go, go—where did I get the energy?

DRIVEN TO THE DEPTHS

I went headlong into the prescribed twelve-step program in my usual style—determined to rush and get it over with, the faster the better. I thought no sponsor was necessary; I could do this alone. No one had told me otherwise. I was like a bull in a china shop—and the broken crystal was nearly my end. Suddenly, the pain intensified. I sank to rock bottom. I didn't think it could get any worse.

To briefly outline the first few steps of OA: In Step One we admitted that we were powerless over food—that our lives had become unmanageable. We thus acknowledged that the disease of overeating has the power to control the compulsive overeater. The admission of powerlessness over food opens the door to newfound power. In Step Two we came to believe that a Power greater than ourselves could restore us to sanity. This step helped us understand that God loves us in our totality and is willing to help us in everything we do, even in making choices about food. In Step Three we made a decision to turn our wills and our lives over to the care of God as we understood him. Once we have fully acknowledged our powerlessness and have come to believe that there is a solution, the third step is simple. We have found that when we give up self-will regarding food and completely turn our lives over to our Higher Power, we receive all kinds of guidance. Then in Step Four we made a searching and fearless moral inventory of ourselves. This step called on us to examine our lives up to the present day, to take an honest look at the past—at all our self-deception, all our years of lying and denial about our mistakes.

I am a Catholic, introverted, with low self-esteem and feelings of low self-worth. The scourging started. I fell into total submission to an overwhelming feeling of wickedness and sinfulness. I was the lowest of the low. I wanted to end it all.

The carving knife was in my hand. I lined up the radial artery with full knowledge of how to perform the deed. It would match the cut wrist my father had given me with a bread knife when I was a child. I screamed and cursed God, cried for hours, then dragged myself to my feet. The memory of this, even now as I write, brings on severe heartbeat irregularities.

The intense emotional pain of this transition slowly passed. I found a sponsor who was supportive and understanding as I worked through the steps to recovery.

The bleak winter of my mind flowed into summer and the opportunity to go to a self-discovery workshop on the Enneagram. I cannot say it was a pleasant experience, and I still have trouble accepting that I am a number 3 on the Enneagram. Yet it was a very healing experience in that it helped me understand myself and my persona.

Number 3 individuals tend to assume personas that prevent others from knowing them personally. The greatest compulsion or "sin" of number 3s is to avoid failure at any cost. They grow up thinking their personal worth consists totally in their successes and achievements. All their energy goes into succeeding in the tasks or roles they have undertaken, and they have a good chance of succeeding. A crucial part of their success is the image they present to the public. Efficiency, good organization, and planning characterize number 3s. They are intolerant of incompetence in others. They also have a great drive toward activity.

My role as a compulsive overeater, my fear of failure, and my great denial that this was not me led to tremendous conflict. I struggled to uphold my "image" at all costs.

SHIFT TO SPIRITUALITY

August brought an opportunity to travel to New York State to participate in a two-week intensive training workshop in spiritual direction. Exhausting and exhilarating at the same time, it was the most spiritually rewarding and healing workshop I have ever attended. Time for reflection, prayer, and further discovery led to my taking the Myers-Briggs Personality Test. This revealed that I was an INFJ—introvert, intuitive, feeling, and judgment personality. The priest who administered the test, also an INFJ, said we account for four percent of the population. No wonder I have often thought I did not fit in with others! The Myers-Briggs test answered so many questions for me. I still read the results, and David Kiersey and Marilyn Bates's book *Please Understand Me*, to understand not only myself but also others.

This understanding has opened me to renewal. Daily, I am affirmed through my meditations and my readings that I am on the illuminated path. Some days I am so excited, I feel as though my heart will explode with joy. Other days I crash into the dark night of the soul—but even in the darkness there is growth, renewal, and peace.

Intensive spiritual training taught me to use psychosynthesis techniques and helped me realize that twelve-step programs are not meant for many women. In my opinion, the heavy negativity of twelve-step programs tends to be inappropriate for women. The most important aspect of the OA program is the support offered by the group. The program itself does not heal the causes of dysfunctional eating problems. Women do not need negative reinforcement about their powerlessness and the wrongs they may have committed. Constant negative reinforcement may be productive in men, but most addictive women do not benefit from it. OA is based on the male-dominated program of Alcoholics Anonymous, which is an excellent program for men.

Wendy Kaminer wrote a brief article in *Mirabella* (May 1992) attacking recovery programs. She maintains that twelve-step programs have infiltrated our culture to a dangerous extent, and I agree. Such programs are not helpful for people with eating disorders or survivors of sexual abuse, because they teach that you are powerless over the addiction or the abuse. This mindset reinforces the feeling of being a victim. It can be devastating to believe, as an adult, that one has no power to heal.

Twelve-step programs do have positive aspects. They teach people to look inward and get in touch with their own spirituality. In this respect some truly incredible work is being done through these programs. Nevertheless, my readings and my many discussions with other survivors of childhood abuse have led me to believe that the twelve-step program of Incest Survivors Anonymous is too negative and not as healing as it should be. Women need to know that they are not powerless over certain issues in their life.

SUPPORT GROUP HEALS

In the past year and a half I have founded a support group for women who were abused in childhood. Sobriety for Women is an organization that encourages compassion, capability, and caring for each other. The premise of the organization is that as human beings we are given everything we need for our own wholeness and healing. We can all find what we need for wholeness and healing within, and through the help of others.

I believe that women need to practice daily skills in development of the will and to use other techniques in order to disidentify themselves from their compulsions, whatever they may be. The development of the will is paramount in women who have been taught all their lives that they are powerless and helpless. Psychosynthesis helps one face fears and fight battles, and gives one tremendous bursts of energy and peace. Support groups based on positive, supportive relationships are part of the healing process.

After much reflection on my past, I have come to realize that I have assumed many defense mechanisms in my life. These defenses have allowed me to survive, and I am grateful. One of my defense mechanisms is psychogenic amnesia—the loss of memory of large portions of my childhood. My mother, truly a stoic person, always denied reality and pain. She worked very hard raising eight children to the best of her capacity. My father was not always kind; he brutalized my mother verbally and threatened her physically. My father was both cruel and kind, a dichotomy that has been difficult for me to comprehend. To this day my mother denies that there was any trauma in our lives. She has severe short-term memory loss and depression. She smilingly denies any pain, emotional or physical, even though she has a broken humerus that has never mended, despite many years of failed treatments and surgeries.

DEFENSE MECHANISMS MULTIPLIED

My mask was one of efficiency, control, and verbal acidity. The real me was not revealed to my friends or even to myself. Once I was talking to a friend of many years about my father. She said, "This is the first time, in all the years I have known you, that you have ever mentioned your father." I had only talked about what made me look good or what I thought others wanted me to say. In my family, the rule was never to talk about ourselves. My mother told me specifically never to talk about myself; my life was boring to others, and no one wanted to hear about it. In my family we would never talk of abuse in any form.

My lifetime fear of failure drove me to seek degrees and certifications, simply because I believed I never knew very much. Maybe a title or another certification would make me look good. Today I am seeking another master's degree, in counseling psychology. But I am not pursuing this degree as an outward emblem of success; I want it so I can further heal myself and prepare to help others heal.

Addictions to alcohol, food, and poor relationships with men forced me to reflect on how I am like my father. I consumed alcohol from the age of 21 until two years ago. I finally accepted my alcoholism when I reflected on my family history. The most violent abuse I suffered occurred after my father had been to the pub. He came home drunk and was expected by my mother to punish us children for whatever she deemed we had done wrong in his absence. In my adult years I have experienced anger and resentment when others have challenged me, either at work or in personal relationships. When I wasn't in control, I turned to alcohol to squelch my feelings. When I stopped drinking, I turned to food as my panacea. Only in the last year have I learned that food can be used to

suppress feelings. Now, when I have feelings of anger, I am able to look at myself, see what is triggering my anger, and attempt to correct my behavior.

My past pattern of being unsympathetic to people who are ill, including myself, is gradually changing. Several years ago a colleague was complaining about her serious illness. I cheerfully asked, most unsympathetically, if she had been measured for her coffin. Now, I realize that my verbal behavior was cruel. I am more aware of my speech, especially conscious of how intolerant I am of my own illnesses, aches, and pains, and how I tend to drive myself to the point of exhaustion. These days I actually take a nap when I am worn out. My self-abuse is lessening as I come into loving myself.

MOST DIFFICULT CHALLENGE

To love myself has been the greatest task of all. I couldn't internalize that I am a reflection of God's image. To me that was just an abstraction. It applied to everyone else, not me. How could I be loved by God if I had been sexually or physically abused? As I write this, my heart cries out in pain. Tears come to my eyes as I realize that yes, I am loved by God, as is all mankind. We are truly all one in God's love.

Attendance at a weekend workshop presented by John Bradshaw, "Homecoming and Championing Your Inner Child," was another step in my awakening. The work he is doing helps identify the pain of humankind. When we try to live out the unfulfilled needs of our parents, we are hindered in loving self, God, and others.

In a tape entitled "The Path of Love," Frances Vaughan suggests four simple and powerful steps as a guide to living: "show up, pay attention, tell the truth and don't be attached to the results." How many times in my life have I shaded the truth, pretended to know something when I didn't, or known something but not revealed it? In the past few months I have realized that the truth will set me free. Telling of my abuse has set me free in all areas of my life. I now believe that I am made in God's image.

A Return to Love by Marianne Williamson is a beautiful book—in my opinion, one of the best. Williamson writes, "Love takes more than crystals and rainbows; it takes discipline and practice. Spiritual growth is not about becoming more metaphysically complicated, but rather is about growing simpler. Meditation is a time for the Holy Spirit to enter our minds and perform His Divine Alchemy. What changes because of this is not just what we *do*, but who we *are*. Only the light within us is real."

My addictions were my armor. I was too afraid to look at the light within me. I was too afraid to believe that I am loved. Recently, I attended a workshop called "Journey into Wholeness." There I had the opportunity to attend a rebirthing experience that was awesome and wonderful. During a rebirthing exercise that focused on breathing, an understanding of the dynamic rhythm of my life came to me. Heightened awareness and inner harmony came to me in a message: I am loved by God for who I am, as I am.

As I reflect on my experiences of the past two years, I am filled with gratitude and love for all that I have: God's love, my beautiful friends, and our beautiful Earth. I love the journey I am on and delight in new knowledge, discoveries, and joy as each day dawns.

Alice Miller, in her book *The Untouched Key*, reveals how severe childhood trauma can be. It can crush the expression of creativity and create an unhealed force that can be devastating for generations. Until we all realize our own childhood traumas, we will perpetuate the abuse for generations to come.

A twelve-step program did not help me gain self-acceptance or improved self-esteem. While I believe that twelve-step programs are useful for some people, especially men, they may be dangerous for many, particularly for women. There are numerous other programs that specifically address healing for drug abusers, alcoholics, compulsive overeaters, bulimics, and people who have been abused sexually, emotionally, and physically. All the compulsions and addictions can be healed, but the process is slow. The most powerful step women can take is believing we are made in the image of God and accepting our own inner beauty and strength.

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A Celibate's Personal Reflections

Francis M. O'Connor, S.J.

Recently I had the opportunity to read Richard Sipe's book *A Secret World: Sexuality and the Search for Celibacy*. Of particular interest to me was the role of the "celibate example," which Sipe claims was "a universal element in nearly every history of a man who chose that route for himself." Certainly, most people aspiring to celibacy can attest to the experience of being influenced by an older celibate whose life appeared meaningful and attractive. Celibate witness plays an important part in the initial stirring of vocations to the priesthood. Example enkindles the desire to live the celibate life and to embark on that journey of faith which is the process toward the achievement of celibacy. Sipe maintains, however, that one of the chief reasons for the difficulty of teaching celibacy is the dearth of explicit witness to it. By this he means, quite simply, that there is a shortage of people who will say directly, "This is the history of my sexual/celibate development. These were the difficulties I experienced, and this is how I dealt with them." With this in mind, I would like to share some reflections on my own celibate process.

I do not claim to have achieved celibacy as Sipe describes it—that is, as a state in which one experiences an irreversible security with little if any sexual turbulence. It is not yet clear that any human beings live in that kind of rarified world. Even St. Ignatius of Loyola, at least as viewed from our contemporary vantage point, seems to have

been overidealistic in maintaining that Jesuits should live lives of chastity that would imitate those of angels. Is such transformation possible even for the committed celibate?

Throughout their earthly existence, committed Christians remain pilgrims on a journey of faith—a journey that continues until faith gives way to pure vision, attainable as the fulfillment of human existence. In the meantime the road is sometimes smooth and sometimes rough and uphill, and the journey does not exclude struggle and pain. This has been my experience. I have, however, found supports that have helped me to persevere along the way.

LIVING THE VOWS

I am a priest in the Society of Jesus, a companion of Jesus. As a Jesuit I have made certain promises to the Lord. In the vow of poverty I promised to live as a poor man in spirit and in fact. In the vow of chastity I renounced marriage and the raising of a family and direct sexual gratification. In the vow of obedience I promised to be available for whatever ministry my religious superiors may choose for me. These vows make sense only in the light of faith. For me they are an effective means of living an active apostolic life; the more faithfully I live these promises, the more available I am for service to others. Yet these vows present challenges that are

difficult or impossible to meet with human resources alone. I made these solemn promises to God with the presumption that he would provide the necessary help for me to live them, and he has.

Prayer. Even on very busy days, time alone with the Lord in quiet prayer assumes a primary place in my life. I spend part of my prayer time trying to put the day into perspective and to perceive the meaning of my life once again. My prayer is an act of faith. Even as I wait for God to reveal himself, I feel his presence already in the atmosphere. Prayer, therefore, is not merely an experience in which I am active; more important, it is an experience in which God acts by revealing himself, as well as my own self, to me. God shows me who I am, for him and for others. Prayer is listening to God communicating his word to me through the Spirit.

I love solitude. In the context of solitude I gain perspective on who and what I am. I draw strength and feel a deepened desire to try once again to be for God and his people.

Spiritual Conversation. For many years I have had a "soul friend"—an older Jesuit priest who knows me, listens to me, understands me, loves me, challenges me, and encourages me. I speak with him about my personal life on a regular basis. I discuss with him my achievements, my failures, my struggles, my relationships. In our conversations I present myself to him as completely as I can. There is no significant area of my personal life that I do not share with him. Our time together for these revelatory conversations is sacred time for me, filled with the Divine Presence because it is filled with truth. My friend encourages me to be aware of my feelings and to trust them in a discriminating way. We reflect together on the meaning of my personal and faith experience. I leave these conversations with a sense of purification and joy, as if I have just been on a mountain on which God has lovingly been present for me.

Friendship. Each time I make a retreat according to the Spiritual Exercises of St. Ignatius of Loyola, I spend time thanking God for the significant gifts I have received from him in my life. Among them is the gift of friendship, embodied in members of my family and an array of other loving people, including Jesuits who share with me the same ideals, apostolic desires, community spirit, and challenges. My friends are men and women, young and old, of various races and religious beliefs. I love them and they love me; moreover, I like them and they like me. We are not afraid to tell each other how much we mean to each other. Affection does not embarrass us. Knowing that my friends are with me helps

me uphold the ideal of celibacy. The Lord lives in my friends, and they reveal his love to me.

Apostolic Work. A principal reason for becoming celibate is to bring about the growth of the Kingdom of God. Wholehearted engagement in meaningful apostolic work for the Kingdom is healthy and very satisfying to me. I try to avoid workaholism. I do not wish to be "married" to my work in the sense of losing sight of other values and human experiences. Work in my ministry, combined with prayer, gives focus to my existence and is a central support for celibate living.

Other Physical Activity. Prudent physical exercise helps keep the body in healthy condition and is psychologically beneficial. I have found that regular exercise staves off depression and enhances my sense of well-being, both in body and in spirit.

Cultural Experience. We all become more profoundly and richly human when the beauty of literature, theater, and music touches our lives and enlivens our imagination. Homilies tend to be more engaging when they reflect the speaker's acquaintance with different art forms. Personally, I try to feed my imagination by reading fiction and poetry.

HOLISTIC APPROACH TO CELIBACY

My approach to celibate life is a holistic one; I utilize a wide variety of helps for my journey. I cultivate health of both body and spirit. I employ contemplation and action. The people in my community and my friends are important to me, but I can be comfortably alone with myself and with God. I view celibacy not as an end in itself but as one of several means of facilitating my apostolic service to others. The vow of celibacy renders me available for others, as do the vows of poverty and obedience. I practice celibacy out of love, and I have found that it leads me to love.

The Sipe report gave me incentive to reflect on my practice of celibacy. That reflection has led me to recommit myself to celibacy as an important means of grace, growth, and availability to God and others in joyful service.
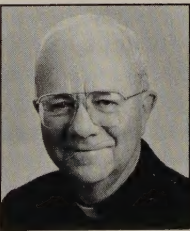
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BOOK REVIEW

During my high-school days a Jesuit scholas-
tic made me an offer I very much wanted to refuse.
"Come visit my mother," he said. "She is right now
in the hospital but able to see people." He had let
me know that his mother, a medical corps officer,
had special powers: she could read one's personal-
ity at a handshake or a quick encounter. I did go to
meet her, but the last thing I wanted, in my
adolescent anxiety, was for someone to see right
through me.

I feel that same uneasiness, I must admit, about
psychiatrists—not because of any secret powers of
theirs but because of their severe rationality, their
hermeneutics of suspicion. They do not so much see
into us as impose their grid upon what they find in
us. Through them the Freudian hypothesis—that
id, ego, and superego compose our inner structure,
and that our infancy marks us for life—imposes
itself with immense authority. Yet I do find myself
persuaded by Freud's comparison of the psyche to
modern Rome, which sits upon the earlier stages of
its history and is very much marked by them. And
I have to admit, after many years and retreats and
much introspection, that a lot in my own makeup is
baffling, elusive, and of mysterious origin, without
being for those reasons off the charts.

Now along comes a Jesuit psychiatrist and psy-
choanalyst, William W. Meissner, an authority in
this demanding field, to analyze Ignatius of Loyola,
the mystic and religious founder—his own spiritual
father, in fact. The pendulum has swung a long way
from hagiography and those lives of the saints that
helped convert Ignatius himself on his sickbed.
Ignatius of Loyola: The Psychology of a Saint not
only provides insight into this holy founder; it
opens a door into the mind of a psychiatrist as well.

Mostly, Meissner gives us a long narrative, with
psychological commentary, of the life of Ignatius.
He goes back over the same ground, studying it
from specific angles, in the concluding sections,
"Mystical and Spiritual Life" and "A Psycho-
analytic Portrait." There is no way to mistake his
meaning.

The first half of the book, up to the selection of
Ignatius as general, consists of commentary
wrapped around generous quotations from the
Autobiography, which "the Pilgrim," as Ignatius
called himself, dictated to Father Gonzalvez da
Camara. That document, as Meissner points out, is
subject to all the faultiness of late-life remem-
brance by an interested party. The biographer has
to make many judgments and inferences.

Here are the earliest facts about Ignatius, born
Iñigo: His mother died shortly after his birth. He
was nursed and brought up first by the wife of a
local blacksmith and then, at the Castle Loyola, by
his brother's high-born and pious wife, Magdalena.
His father was a hidalgo, potent in commanding
his dependents and asserting the family rights
among rivals, and potent too among the ladies.
This man, though more often absent than present,
imbued the son deeply with his masculine image.
From these facts Meissner draws his book's domi-
nant hypothesis: "These conflicting identifications,
with the phallic, narcissistic, and aggressive figure
of his father on the one hand, and the passive,
self-sacrificing, pious, virtuous, humble and self-
effacing image of his mother, elevated to the status
of an idealized and sublime object through death,

on the other, were to contend for the intrapsychic hegemony of his inner world throughout Iñigo's life. This deep-seated conflict would never be fully resolved."

The battle wound received at Pamplona by Iñigo's father, who had a "great desire of winning glory," and the botched surgery upon the gallant courtier's leg, caused an "extreme narcissistic depletion and a depressive reaction and a regressive dynamic," all of them affecting Iñigo's conversion. In the conversion, by Meissner's account, lost phallic narcissistic power was replaced with the grandiosity of divine allegiance and favor. (For a psychiatrist such terms as *narcissism*, *grandiosity*, *masochistic*, *phallic*, *regressive*, and *repression* seem to admit a positive and negative, or even a neutral, valence).

At Loyola, after Ignatius experienced what Meissner calls "a hallucinatory vision of the Blessed Mother with the child Jesus," his libidinal impulse was subjected to massive repression, which would continue. The Pilgrim said many years later that "he never again consented to the least suggestion of the flesh." Was this strong will or grace? Much of the former, to be sure. In the chapter "Women," Meissner details the concern of Ignatius for the spiritual welfare of women, his courtesy of manner toward women, their attraction to him, their care for him throughout his pilgrim years, and the exhausting complications that followed. We find extraordinary sublimation at work in Ignatius, and not a little naiveté, to be paid for dearly.

AN INTERNAL BATTLEGROUND

The battle between tremendous internal forces broke out at Manresa during a time of long prayers, wonderful but sometimes ambiguous visions (such as the glittering serpent), and ferocious penance—deprivation of food, sleep, decent clothing, and money. Ignatius's ego had accepted a whole new set of values, the author explains in his final chapter, and his superego diverted his instinctive aggressiveness inward, against himself, through "a sense of guilt or worthlessness or other self-punitive postures," including suicidal impulses. Ignatius barely survived Manresa, and he emerged with an obsession for detail (witness his frequent examinations of conscience) that remained lifelong. Nonetheless, he truly came out of it another man.

The prayer of Ignatius at Manresa brought him to familiarity with God, and even to a broad understanding of God's plan. The Spiritual Exercises, that great legacy of spirituality and decision for Christ, are stamped with Ignatius's struggle, self-discipline, and identification with Jesus Christ (the chivalric aggressiveness transmuted into militancy with a suffering Christ). Mortification, a leitmotif in the teaching of Ignatius, turns into something positive: "the suffering and submission of the saint

[leads to] increasingly meaningful levels of personal commitment and love of God."

The Spiritual Exercises have been formative of countless individuals and religious groups. At many points, however, the Exercises' fit with a given individual, in a very different age and a changed theology, may well be judged awkward, and allowances and transpositions must be made. Ignatius himself was the most flexible of directors.

Meissner's remarkable chapter on Ignatius as "the general," the founder and leader of the Society of Jesus, shows the interplay of his single-mindedness and his surprising flexibility in adapting policy to local conditions and taking into account the limited health or capacity of others. Meissner finds in him the mix of "paternal and maternal characteristics [proper to] charismatic leaders, who can inspire love and awe . . . and may alternate rapidly between these two ways of dealing with people." In Ignatius this pattern may have been problematic, due to an "uneven and conflicted superego, shifting unpredictably and precipitously from rigidity to tolerance." But in a person of such "self-possession" and "prudent reflection," there was also a strong inner logic at work in his shifts from joyousness to scolding.

Ignatius did not bear the burden of generalship easily; he did not judge himself worthy of it at the start and wished later to retire from it for reasons of health. "One might conclude that the possession and exercise of power was a conflictual issue that he never adequately resolved, to the end of his life." This conclusion, I take it, is consonant with genuine humility.

James Gaffney (*America*, July 27, 1991) has posed the question of whether Ignatius did not rigidify—become formalistic and bureaucratic—in his Roman years. Meissner suggests the contrary: "The continued exercise of judgment, wisdom, and prudence at such a sustained level for so many years is impressive. He was a man of exceptional resourcefulness, great ego strength, and remarkable determination."

And what about the immense and almost continuous mystical experience of Ignatius? Meissner, who focuses as a psychiatrist upon the "dynamic forces operating within his heart and mind," finds in them a dynamic regressive in its unconscious intent. The specific pattern Meissner detects is that of an infant's enjoyment of undifferentiated unity with the mother. It would be explained by Iñigo's early-life deprivation of a mother. Meissner speaks of those "passive and dependent yearnings that exert an often powerful psychic pull toward the feminine" and suggests that they did so overwhelmingly in Ignatius.

This diagnosis brings Meissner into conflict with writers on mystical prayer. The impulse toward unity with the divine—what Freud called the "oceanic feeling"—has always made psychiatrists un-

easy. Meissner devotes a chapter—tellingly entitled "Divine and/or Psychic Causality?"—to a critique of theologian Harvey Egan, S.J. (the two of them have had some hot coffee-room discussions on the topic at Boston College). The psychologist who permits theological and faith-based assumptions, says Meissner, can admit to ample room for the hand of the Lord, but "can go no further than to conclude that the results are consistent with the assumption of divine action." Strictly speaking, he says, there is no way to validate the causality of even the most elevated mystical state (this, by the way, is the underlying theme of a compelling novel, *Mariette in Ecstasy* [1992], by Ron Hansen). Ignatius himself was supremely cautious about supposed mystics, wishing them submitted to the tests of mortification and obedience.

If grace builds upon nature in the very biopsychological way that Meissner suggests in the case of Ignatius, a major problem remains. Can one continue to speak of infused contemplation, which is God's movement or action in a person "without previous cause"? The whole theology or doctrine of grace seems to demand the answer yes. But in what does that action, or movement, by God within us then consist? Under such conditions the divine initiative appears ever more mysterious; perhaps it appears ever more wonderful too. The question, in any case, is analogous to that raised for scripture and revelation.

Here is a final surprise: Meissner's book does, after all, fit him into the lineage of Ignatian biographers. He has written the book that the great historian James Brodrick, S.J., had hoped to write. Brodrick, author of the most readable account of the founding of the Society of Jesus, *The Origin of the Jesuits*, and of a first volume on the early life of Ignatius, was gathering material in his later years for a second volume. The task was beyond his failing strength and, as he conceived it, beyond his expertise; nonetheless, he was working out of the same insight and orientation as Meissner. Here is what Father Brodrick wrote to me on the subject, from London, in 1962. I had sent him a card to thank him for the very positive image of Jesuit life that his books had given us.

"I can promise you a very fresh assessment of our Holy Father, to whom I am *passionately* attached. I have consulted eminent psychiatrists about some of his visions, that snake-like object which gave him great comfort, for instance. It turns out that some of Jung's patients had almost identically similar "compensatory" hallucinations. Very few Jesuits, especially of the Spanish variety, will admit that our dear Father in his Manresa period did have hallucinations, due to the extremity of his penances. But the more one studies his Spiritual Exercises in depth, the more one discovers of piercing psychological insights in them. He, with God's grace, *integrated* himself as he went along, until he became one of the most completely *balanced* saints in the history of the Church. In my opinion he became also one of the most *lovable*, in spite of some defects of temperament which remained with him to the end."

—James Torrens, S.J.